

**Senate Bill 206**  
**Study Report**  
**Health Insurance for**  
**Health Care Workers**

**December 2008**

**Prepared by**  
**Montana Department of**  
**Public Health and**  
**Human Services**

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# ***EXECUTIVE SUMMARY***

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### **Executive Summary**

The 60<sup>th</sup> Legislature directed the Department of Public Health and Human Services to conduct a study to determine the feasibility, impact and cost of providing employer sponsored health insurance to direct care employees of organizations that receive a majority of their revenues as the result of providing Medicaid funded long-term care services.

This report is a summary of surveys that were solicited of direct care service workers and their employers in three divisions within the Department of Public Health and Human Services; Disabilities Services Division, Addictive and Mental Disorders Division and the Senior and Long Term Care Division. This study and the resulting report are required by Senate Bill 206 passed during the 2007 Montana Legislative Session, which mandated that the Department study the development of health insurance models for those workers that provide direct hands on care and report on the feasibility and cost of developing such a model for the workers in these programs.

Over 2,252 direct care workers responded to these surveys and 104 providers responded across all programs to questions on health insurance. The survey was returned by direct care workers such as certified nursing assistants who work in nursing facilities, direct care professionals working in disabilities programs, workers in home health and hospice programs, as well as, home and community based workers providing services such as habilitation aide, respite and homemaking, and therapeutic aides and group home workers providing direct care to mentally ill individuals. The percentage of Medicaid funding received by these providers varies from approximately 13% in community based waiver programs to 61% in nursing facility programs to 70-75% in other surveyed programs.

Most direct care workers are motivated by a desire to make a difference in the lives of those they serve. More often they remain on the job because of their relationships with those they assist, rather than because of wages or benefits. Millions of older Americans and people living with disabilities rely on these workers for their personal care and support they need to maintain their independence and quality of life. The work they do is physically demanding and stressful. These workers lift and transfer clients; assist in dressing and carrying out other activities of daily living and manage sometimes difficult behaviors of those with developmental disabilities, dementia, and mental illness. (1)

Ironically, most of those who provide care to others do not have access to affordable health insurance for themselves. Most direct care workers are women, over 90%, and one quarter to one third are unmarried living with children. Care giving as an occupation ranks sixth in the sheer numbers of women employed. The average age of a caregiver is 46 years old nationally. (1)

In Montana, the average age of a direct care worker across all programs surveyed is 42 years old, with workers ranging in age from 15 years to 87 years old. Eighty-three percent of those responding to the survey are women and are split about evenly between married and unmarried. The 2,252 workers that responded had 1,155 children under the age of 21.

Many direct care workers work part-time and that affects their ability to access insurance coverage in many employment situations, but even with full time workers, coverage rates are low when compared to the population in general. Home care workers are less likely than their counterparts working in institutional settings to have health coverage. Home care jobs are growing more rapidly than hospital or nursing facility jobs, based on the sheer demand for community based in-home services. (1)

In Montana, most direct care workers work in positions that pay an hourly entry wage of \$9.20 to start as a result of the implementation of a legislatively funded direct care wage increase in fiscal year 2008. At these income levels, few can still afford to pay even a percentage of the cost of employer sponsored health insurance premiums. The surveys received show that over 80% of employers offer some form of employer sponsored insurance, but the number of employees that are covered range dramatically from 91% in Disability Services programs to 5% in Addictive and Mental Health programs. Most workers that do access insurance have employee only coverage with premium costs ranging from \$758 to \$442. There is also a wide range of costs that the employee must contribute to access coverage, ranging from \$405 to \$55, depending on the type of workers that are being insured. Caregivers working in institutional settings such as hospitals, nursing facilities and residential care facilities are more likely to have employer sponsored health coverage than those who work in home and community based settings. Ninety-two (92%) of all workers indicated that if their employer offered health insurance at little or no cost they would participate.

Many of the direct care workers and their families earn low wages and have so little income that often some members of the household depend on public programs to meet their needs. These include Medicaid, food and nutrition programs, TANF, and housing and energy benefits. The survey of the workers in the three Divisions indicates that 253 children of the respondents are enrolled in Medicaid, 137 children are enrolled in the Children's Health Insurance Program (CHIP) and 54 workers have participated in the TANF program at some time.

Over the past two years the Department has been working with funding provided as part of last session's House Bill 2 to develop a model for employer-sponsored health insurance. The Health Care for Health Care Workers funding has provided the Department an opportunity to model a health insurance payment program, which will serve as the baseline to develop additional programs targeted at other types of long-term care workers. This funding is available beginning in January of 2009 and provides approximately \$2.5 million dollars over a six month time period. The funding will be distributed in the form of provider rate increases for agencies that deliver Medicaid personal assistance and private duty nursing services when those agencies provide their direct care employees with health insurance coverage that meets defined benchmark criteria.

Research has shown that there is a high correlation between access to health insurance benefits and worker retention. For an industry with high turnover and increased demand this is a critical component for being able to maintain access to in-home services by consumers, as well as reducing the cost for recruitment and training of new workers on a revolving basis. <sup>(1)</sup>

Information gathered from implementing the Health Care for Health Care Workers funding targeted at private duty nursing and personal assistance workers will serve as the basis for costing any future expansions of employer sponsored health insurance to direct care employees of organizations that receive the majority of their revenue as a result of providing Medicaid funded long term care services. Additional information on the number of workers in each program that health insurance is expanded to, as well as the Medicaid participation rate of each of those programs, is necessary to determine an overall cost analysis. A majority of this information already exists. Information on direct care workers can be found in the direct care wage reports that were a part of the direct care wage funding implemented in 2008, as well as the SB 206 survey information that was generated by providers on the number of total direct care workers in each program.

(1) The Invisible Care Gap: Caregivers without Health Coverage: Health Care for Health Care Workers (PHI)

# ***SENATE BILL 206***

III

**SENATE BILL NO. 206**

SENATE BILL NO. 206  
INTRODUCED BY COBB, WEINBERG

AN ACT REQUIRING THE DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES TO CONDUCT A STUDY TO DETERMINE THE FEASIBILITY, IMPACT, AND COST OF PROVIDING EMPLOYER-SPONSORED HEALTH INSURANCE TO PERSONAL-CARE ATTENDANTS AND DIRECT-CARE EMPLOYEES OF ORGANIZATIONS THAT RECEIVE THE MAJORITY OF THEIR REVENUE AS A RESULT OF PROVIDING MEDICAID-FUNDED LONG-TERM CARE SERVICES BY INCREASING CERTAIN MEDICAID PAYMENTS TO THEIR EMPLOYERS AND REQUIRING THE INCREASED PAYMENTS BE USED TO FUND THE HEALTH INSURANCE; AUTHORIZING THE DEPARTMENT TO ESTABLISH A PILOT PROGRAM; REQUIRING A REPORT TO THE LEGISLATURE; PROVIDING RULEMAKING AUTHORITY; AND PROVIDING AN IMMEDIATE EFFECTIVE DATE AND A TERMINATION DATE.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

**Section 1. Department to conduct study of increasing reimbursement to medicaid direct-care service providers in order to provide employee health insurance -- policy -- pilot program -- report to legislature -- rulemaking.** (1) The department of public health and human services, in conjunction with the commissioner of insurance, health insurers, persons providing medicaid personal assistance and other direct-care services and their employers, and other interested parties, shall conduct and coordinate a study that, at a minimum:

(a) (i) examines the feasibility of increasing medicaid payments to employers of personal-care attendants and other organizations that employ direct-care employees and that receive the majority of

their revenue as a result of providing medicaid-funded long-term care services, with the increase in payments earmarked to pay the cost of providing employer-sponsored health insurance to those employees;

(ii) identifies organizations that employ personal-care attendants and direct-care employees and that receive the majority of their revenue for providing medicaid-funded long-term care services, including organizations such as personal-assistance providers, private-duty nursing providers, licensed nursing facilities, developmental disability community services providers, and providers of certain child and adult mental health services;

(iii) determines the number of employees that would be eligible for coverage;

(iv) calculates the cost to the state of the increased payments after recognizing that nearly 70% of the increase will be covered by the federal government's portion of the payments; and

(v) calculates, to the extent possible, the cost incurred by other government programs, such as temporary assistance to needy families and medicaid, due to the lack of health insurance on the part of personal-care attendants and other direct-care employees and calculates the projected impact, if any, that providing these employees with adequate health insurance would have on future utilization of and costs incurred by other government programs;

(b) determines, in conjunction with the commissioner of insurance, the health insurance coverage that employers would be required to provide to personal-care attendants and direct-care employees in order to be eligible to receive the earmarked increase in medicaid payments;

(c) determines the cost, if any, to individual employees for the proposed health insurance;

(d) calculates the increased need for and projected availability of personal-care attendants and direct-care employees in Montana over the next 20 to 30 years as a result of the aging population and examines whether the provision of health insurance for those workers has the potential to increase the number and quality of workers available in the future;

(e) explores the possibility of combining any health insurance program developed for personal-care attendants and direct-care employees with other state programs designed to provide Montanans with increased access to affordable health insurance, such as the small business health insurance pool; and

(f) calculates, to the extent possible, the health care costs that are shifted to the insurance premiums and other health care expenses paid by privately insured Montanans and their employers

or that are incurred by hospitals as uncompensated care due to the lack of health insurance for personal-care attendants and direct-care employees.

(2) (a) The department of public health and human services may, to the extent that funds are available, establish a pilot program to provide employer-sponsored health insurance to a portion of the personal-care attendants and direct-care employees who are determined by the department to be eligible for the pilot program by increasing medicaid payments to their employers with the requirement that the increased payments be used to provide those employees with health insurance that meets the requirements established by the department.

(b) The purpose of the pilot program is to test the feasibility, impact, and cost of providing health insurance payments to the employers of personal-care attendants and direct-care employees. The pilot program may require partial payment of health insurance costs by an employee if necessary.

(c) In establishing and conducting the pilot program, the department of public health and human services shall consult with the commissioner of insurance, persons providing medicaid personal assistance and direct-care services and their employers, and other interested parties.

(3) If a pilot program is established, the department of public health and human services shall monitor the pilot program, shall report its study findings and pilot program results, if any, to the legislature, and shall report on the feasibility, impact, and cost of providing health insurance to personal-care attendants and direct-care employees who provide medicaid-funded long-term care services, as designated in subsection (1)(a). The report must be made to the legislature as provided in 5-11-210.

(4) The department of public health and human services may adopt rules to implement this section.

**Section 2. Effective date.** [This act] is effective on passage and approval.

**Section 3. Termination.** [This act] terminates January 1, 2009.

- END

# ***DPHHS PROGRAM AND SERVICES SURVEY RESULTS***

- ✦ **Developmental Disabilities Program**
- ✦ **Addictive and Mental Disorder Division**
- ✦ **Senior and Long Term Care Nursing Facility Services**
- ✦ **Senior and Long Term Care Community Base Services**

***DEVELOPMENTAL  
DISABILITIES SERVICES  
SURVEY RESULTS***

## **IV**

### **Developmental Disabilities Program (DDP)**

The Montana State Developmental Disabilities Program supports approximately 57 provider agencies across the State and over 4000 recipients of Developmental Disabilities Services both adults and children.

Service recipients primary support staff are Direct Care Professionals who provide publicly funded long term supports including meal preparation, medication administration, bathing, dressing, transferring, transportation to work and community activities and generally assisting with the overall activities associated with day to day living.

Direct Care Professionals are dedicated to supporting and empowering people with Developmental Disabilities that they may not only advocate for themselves but lead meaningful, productive lives in a community setting where they are respected working members of the community.

The majority of Direct Care Professionals are women and many are the sole support for themselves and their families. They struggle with the dilemma of getting enough hours to support themselves and their children to working overtime and juggling family responsibility in order to provide the supports that individuals with Developmental Disabilities require in order to be successful in a community setting and yet many remain impoverished and eligible for the same Federal and State public assistance programs which the individuals they support receive.

In the Fall of 2007 the State Developmental Disabilities Program undertook a health care survey of providers and Direct Care Professionals in order to determine the number of employees in a provider organization, whether health insurance was or was not offered to employees, and the cost of that coverage. The Direct Care Professionals were asked whether or not they had coverage, the source of that coverage and whether or not they would be willing to pay a share of the coverage cost if it were to be offered, as well as several demographics questions. The survey was completed in December of 2007.

## V

### **Developmental Disabilities Program (DDP)** **Survey Summary**

#### **a. DDP DIRECT CARE PROVIDER SURVEY SUMMARY**

- ✦ Twenty-three providers responded to the survey, and reported an average of 71% with Medicaid revenue as the source of their funding.
- ✦ The number of direct care workers employed by these respondents varied from 7 to 135, with an average of 55 total
- ✦ 42 of those worked 30 hours a week or more, while only 13 worked less than 30 hours.
- ✦ The average hourly wage paid by those responding was \$9.83, and 21 of the 23 offered insurance of some type.
- ✦ The average number of employees covered by insurance was 27, with 31.5 hours of work to be eligible.
- ✦ The cost to the employer averaged \$353.03, with some employers paying the entire cost, some sharing the cost with employees and some simply making it available.
- ✦ Of the 476 employees covered, most of them (438) had only coverage for themselves, at an average cost of \$404.77.
- ✦ 26 employees included a spouse in the coverage, at an average cost of \$800.00, and only 12 employees covered their families, at an average cost of \$1,027.45.
- ✦ Most of the provider respondents support developing a Purchasing Pool in order to access lower health care premiums, as well as indicating support for the funding proposal.

## **b. DDP DIRECT CARE WORKER SURVEY SUMMARY**

- ✦ 406 Direct Care Professionals responded to the survey, and 282 of those (69%) reported having health insurance.
- ✦ 201 of those were covered by insurance from their employer, while 35 were covered by their spouse, 9 were accessing Medicaid, and 37 reported another type of coverage.
- ✦ Many who reported no coverage from their employer stated the insurance was too expensive, while some were in the waiting period for coverage.
- ✦ The age of the Direct Care Professional respondents ranged from 19 to 70, with the average and the median both at 40.
- ✦ 78% were female, 22% male, with a total of 397 children under the age of 21.
- ✦ 88 of their children were in Medicaid, 64 enrolled in CHIP, and when asked if they'd ever accessed TANF 12% admitted they had.
- ✦ 360 said they would participate in health care insurance if it cost them nothing.
- ✦ When asked how much they would be willing to pay to share the cost response ranged from "zero" to \$700.00.
- ✦ 44% would not cover additional family, 14% would cover the spouse, and 24% the spouse and children, while 19% would cover their children only.
- ✦ 39% of the Direct Care Professionals reported incomes of over \$30,000, with the rest falling below that mark. Work week hours ranged from 20 to 50 scheduled hours with an average of 38.63, and years in Direct Care ranged from 4 weeks to over 35 years with an average of 7.8 years.

## VI

### **Developmental Disabilities Program (DDP)** **Survey Tool and Letter**

✦ ***PROVIDER LETTER***

✦ ***PROVIDER SURVEY***

✦ ***WORKER SURVEY***

October 22, 2007

Dear Developmental Disabilities Providers:

The 2007 legislature has approved an Act requiring the Department of Public Health and Human Services to conduct a study to determine the feasibility, impact and cost of providing employer-sponsored health insurance to Direct Care professionals employed by agencies that receive most of their funding as a result of providing Medicaid-funded long term care services by increasing certain Medicaid payments to their employers and requiring the increased payments be used to fund the health insurance. The Act, Senate Bill 206 also requires the Department of Public Health and Human Services to establish a pilot program. This is being conducted by the Senior and Long Term Care Division.

Many of the people whom Montanans count on the most to deliver high quality, compassionate care, which includes Direct Care Professionals, Personal Care Assistants and Private Duty Nurses do not have access to health insurance coverage for themselves and their families.

Therefore, we are asking, in order to comply with the legislative request to study the issues and make recommendations for the 2009 legislative session that each of your Direct Care Professionals and each provider agency complete the appropriate survey and return it to the Developmental Disabilities Program no later than November 28, 2007.

With this information we will be able to assess the needs and determine the dollar amounts needed to help employers fund health insurance for their Direct Care employees.

Direct Care employees are those employees who provide direct supports to individuals in Developmental Disabilities Services for 30 hours or more a week.

Thank you for your prompt response and for participating in this important survey. We need your help if we are going to carry the proposal forward to help employers fund health insurance for those who provide care for our most vulnerable citizens.

Respectfully,

Jeff Sturm, Director  
Developmental Disabilities Program

cc: Kelly Williams, Division Administrator Senior & Long Term Care

## MEDICAID DEVELOPMENTAL DISABILITIES PROVIDER AGENCY

The following questions are intended to gather information from agencies that provide Medicaid-funded Developmental Disabilities Services regarding the nature of the coverage and cost of any employer sponsored health insurance they offer to their employees who provide direct care.

Agency Name: \_\_\_\_\_

### **General Questions**

1. How many of your agency's employees directly provide care (does not include positions such as administrator or program managers )? \_\_\_\_\_
  - a. How many of your agency's employees who provide direct care work 30 hours or more?  
\_\_\_\_\_
  - b. How many of your agency's employees who provide direct care work part-time (less than 30 hours)?  
\_\_\_\_\_
2. What is the current average hourly wage of your employees that provide direct care?  
\_\_\_\_\_
3. What percent of the total revenue your agency receives for providing Developmental Disabilities Services comes from Medicaid? \_\_\_\_\_
4. Does your agency offer employer-sponsored health insurance to your employees who directly provide Medicaid funded Developmental Disabilities Services?  
Yes/No \_\_\_\_\_
5. If yes, how many of your agency's employees that directly provide Developmental Disabilities Services are covered under your employer sponsored insurance?  
\_\_\_\_\_
6. How many hours per week or month is an employee required to work in order to be eligible for the health insurance coverage offered by your agency? \_\_\_\_\_

### **Employee Only Coverage** (spouse and children are not covered)

7. What is the total cost (employer share and employee share) of the monthly premium for your insurance for Employee Only coverage \_\_\_\_\_

8. How much does your agency contribute towards the cost of the monthly premium for Employee Only coverage? \_\_\_\_\_
9. How much is the employee required to pay for his or her share of the cost of the monthly premium for Employee Only coverage? \_\_\_\_\_

**Employee And Spouse Coverage** (Children are not covered)

10. How many of your employees who provide direct care and are enrolled in your agency's health insurance benefit also elect to include coverage for their spouses?  
\_\_\_\_\_
11. What is the total cost (employer share and employee share) of the monthly premium for your insurance for Employee and Spouse coverage? \_\_\_\_\_
12. How much does your agency contribute towards the cost of the monthly premium for Employee and Spouse coverage? \_\_\_\_\_
13. How much is the employee required to pay for his or her share of the cost of the monthly premium for Employee and Spouse coverage? \_\_\_\_\_

**Family Coverage** (Employee, spouse, and children are covered)

14. How many of your employees who provide direct care are enrolled in your agency's health insurance benefit also elect to include coverage for their spouse and children (Family Coverage)? \_\_\_\_\_
15. What is the total cost (employer share and employee share) of the monthly premium for your insurance for full Family Coverage? \_\_\_\_\_
16. How much does your agency contribute towards the cost of the monthly premium for Family coverage? \_\_\_\_\_
17. How much is the employee required to pay for his or her share of the cost of the monthly premium for Family Coverage? \_\_\_\_\_

**Closing Questions**

18. Some agencies have expressed an interest in developing an insurance "Purchasing Pool" made up of agencies that provide personal assistance in order to lower the cost of monthly premiums. Would you be interested in participating in such a pool?  
\_\_\_\_\_

19. Given your current understanding of the Department's proposal to provide funding for health insurance for workers who deliver Medicaid Developmental Disabilities Services, which of the following best describes your agency's opinion of the proposal:

- a. Strongly Oppose
- b. Oppose
- c. Neither Oppose nor Support
- d. Support
- e. Strongly Support

20. Are there any other thoughts, issues and concerns that you think the Department should consider as it develops the proposal?

Please fax your survey responses by November 28, 2007 and mail a copy of any health insurance policy and/or coverage currently offered by your agency to your employees who provide direct care services.

Request electronic version by e-mailing [scory@mt.gov](mailto:scory@mt.gov)  
FAX Survey responses to: Sandi Cory at 444-0230

Mail copy of health insurance policy to:

DPHHS  
Developmental Disabilities Program  
Sandi Cory  
111 Sanders  
PO Box 4210  
Helena, MT 59604

Questions should be directed to Tim Plaska at 444-3878.

## MEDICAID DIRECT- CARE PROFESSIONAL

The following questions are intended to gather information from you concerning a possibility of the Department, in conjunction with your employer, providing a health insurance product that would be offered to employees who directly provide personal assistance services. Your input is very important to this process. Currently this is only a proposal. There are no guarantees this will be approved during the next legislative session. However, the more information the Department has to present, the better the chance is at getting this proposal passed through the 2007 session.

Please take 5 minutes to complete this survey and fax it to 444-0230. You may be able to use your employer's fax machine.

1. Do you currently have health insurance for yourself (circle one)
  - a. Yes
  - b. No
2. If you do not have health insurance, please indicate the reason why (circle one)
  - a. My employer does not offer health insurance
  - b. The health insurance my employer does offer is too expensive.
  - c. Other. Please describe: \_\_\_\_\_
3. If you do have health insurance, what is the source of your coverage (circle one)?
  - a. I am insured through my employer.
  - b. I am insured through my spouse's employer.
  - c. I am enrolled in the Medicaid program.
  - c. Other. Please describe: \_\_\_\_\_
4. How old are you? \_\_\_\_\_
5. Gender (circle one)
  - a. Female
  - b. Male
6. Are you married? (circle one);
  - a. Yes
  - b. No
7. How many children do you have who are under the age of 21? \_\_\_\_\_
8. How many of your children are currently enrolled in the Medicaid program? \_\_\_\_\_
9. How many of your children are currently enrolled in the Children's Health Insurance Program (CHIP)? \_\_\_\_\_ (For information about enrolling in CHIP , please call 1-877-543-7669)
10. Have you ever been enrolled in the Temporary Assistance for Needy Families (TANF) program (circle one)?
  - a. Yes
  - b. No

11. If your employer offered health insurance at no cost to you, would you participate in the coverage (circle one)?

a. Yes

b. No If not, why: \_\_\_\_\_

c. Maybe. Please explain: \_\_\_\_\_

12. If your employer offered insurance and you were required to pay a portion of the monthly premium, how much would be willing to pay each month? \_\_\_\_\_

13. If your employer offered insurance would you be interested in covering your spouse and children (circle one)?

a. No

b. Yes, my spouse only

c. Yes, my spouse and children

d. Yes, my children only

14. Is your total annual family income more than \$30,000 (circle one)?

a. Yes

b. No

15. What is the name of the agency where you work (If you work for more than one agency please list each of them)? \_\_\_\_\_

16. What is the hours per week you work at each agency? \_\_\_\_\_  
\_\_\_\_\_

17. How long have you worked as a Direct – Care Professional ?

Request electronic version by e-mailing [scory@mt.gov](mailto:scory@mt.gov)

FAX Survey responses to: Sandi Cory 444-0230.

Mail to: DPHHS  
Developmental Disabilities Program  
Sandi Cory  
111 Sanders  
PO Box 4210  
Helena, MT 59604

Any questions should be directed to Tim Plaska at 444-3878.

**ADDICTIVE AND MENTAL  
DISORDER DIVISION (AMDD)**

**SURVEY RESULTS**

## **VII**

### **ADDICTIVE AND MENTAL DISORDER DIVISION (AMDD)**

The Addictive and Mental Disorders Division (AMDD) contracts for adult mental health in-home (such as therapeutic aides) and out-of-home (group homes) services that provide direct care to mentally ill individuals. AMDD is responsible for coordination of these programs in association with the mental health centers, including establishment of policies, reimbursement, and program development.

In May 2008, AMDD sent provider surveys to all contract providers employing direct care workers totaling approximately 400 workers across the state. A companion direct care worker survey was also sent to the facilities for distribution to their workers to complete and return with their comments.

A total of three out of the seven adult mental health centers or (43%) responded to the survey.

## VIII

### **Addictive and Mental Disorder** **Division (AMDD)** **Survey Summary**

#### **a. AMDD DIRECT CARE PROVIDER SURVEY SUMMARY**

- ✚ Providers provided information on 33 direct care workers, which represented 28% of their total workforce of 119 employees
- ✚ Providers responded that
  - 63% of direct care workers work 40 hours or more
  - 73% of the direct care workers work 30 hours or more
  - 75% of these workers work more than 20 hours per week.
- ✚ The majority of direct care workers (74%) are Psychiatric Rehabilitation Aides. Other worker classifications include Social Workers, RN's, and LPN's.
- ✚ Providers reported wages ranging from \$7.50 to \$13.98 for Psychiatric Rehabilitative Aides.
- ✚ 50% of the respondents who responded to the survey indicated that they would participate in a purchasing pool for health care insurance.
- ✚ When asked their opinion on a proposal for health care insurance for health care workers, all of the providers supported health insurance for their employees.
- ✚ Of the three providers that responded to the survey, all offer health insurance to their employees. The facilities report that all employees must work a minimum of 20 hours in order to qualify for coverage.
- ✚ Providers reported that 54% of the employees with health insurance have "employee only coverage" with an average employer contribution of \$305 and an average employee contribution of \$156.
- ✚ Providers report that 31% of the employees with health care insurance have "employee and spouse coverage" with an average employer contribution of \$499 and an average employee contribution of \$400.

- ✚ Providers report that 15% of the employees with health care insurance have "family coverage" with an average employer contribution of \$594 and an average employee contribution of \$522.

#### **b. AMDD DIRECT CARE WORKER SURVEY SUMMARY**

- ✚ 76% of direct care workers reporting were female
- ✚ 44% of direct care workers are married
- ✚ 27% had children.
- ✚ The highest percentage of workers (30%) were in the 25-30 age bracket.
- ✚ The majority of the workers, or 56% do not have coverage for their family. The reason given is that it is too expensive.
- ✚ Of the workers with insurance, 69% of the workers have insurance through their employer, 20% have insurance through their spouse's employer, and the balance is covered by Medicaid or other insurance.
- ✚ The average worker has 2 children less than 21 years of age.
- ✚ Over 97% of the respondents reported annual income under \$50,000; 27% of the workers reported income under \$24,000, 30% of the workers reported income under \$35,000, with another 30% with income levels under \$50,000.
- ✚ 33% of the workers who responded to the survey were Rehabilitation Aides, 15% were C N A's, 15% were social workers, and 10% were RN's. The balance was LPN's and dietary workers.
- ✚ 44% of the workers responding to the survey reported having health insurance coverage. Of those insured, 50% have employee only coverage, followed by 36% with spouse and children coverage, and 14% covering their children only.
- ✚ When asked if they would participate if they were provided employer offered health insurance at no cost, 97% of the workers said YES.
- ✚ Workers were asked if they would work more hours, including 20 hours a week or more in order to qualify for health insurance. 82% responded

that they already work **20** hours or more, while 12% said no, and 6% said yes.

- ↓ Workers were asked if they would work more than 30 hours a week to qualify for insurance. 78% said they are already working 30 hours a week, while 16% said no, and 6% said yes.
- ↓ Workers were asked what they think about employers that provide Medicaid direct care services being able to offer health care insurance to employees such as them or others that provide such services. 80% said it was extremely important, 12% said it was very important, and 8% thought it was somewhat important.

## **IX**

### **Addictive and Mental Disorder** **Division (AMDD)** **Survey Tool and Letter**

✦ **PROVIDER LETTER**

✦ **PROVIDER SURVEY**

✦ **WORKER SURVEY**

**From:** Lustgraaf, Jeff  
**Sent:** Friday, June 27, 2008 3:59 PM  
**Subject:** Legislative funding for Direct Care Worker Health Insurance

I am requesting your assistance in completing the two attached surveys regarding health insurance for direct care workers in your employ. The Department of Public Health and Human Services Senior and Long Term Care(SLTC) Division was appropriated \$2.5 million dollars of legislative funding next fiscal year to fund health insurance for direct care workers beginning January 2009. This funding was intended to fund all or part of desired health insurance coverage for direct care workers who provide services, including chemical dependency or mental health services.

The criteria to qualify for this funding is as follows. The employee must be involved in providing direct care services, work at least half time and spend at least 50% of their work efforts providing care to Medicaid eligible patients. The proposal is that funding of up to \$450 a month per employee will be available to pay insurance coverage for direct care employees. It will be incumbent on you as the employer to find an agent or insurance company that will provide suitable coverage for all eligible covered employees. Benchmarks have been established that establish the minimum benefit coverages that must be in place to receive this funding. Exceptions to these coverages can be reviewed and approved by the SLTC division on a case by case basis.

I encourage you to visit the SLTC website at <http://www.dphhs.mt.gov/sltc/services/communityservices/HCWorkers/Index.shtml>. This site provides detailed information on how the program and funding will be administered and what steps to take if you wish to participate in the program.

There is an application that must be submitted by July 25<sup>th</sup> that indicates whether or not you have an interest in participating in the program. Submitting this application does not obligate you to participate in the program. You can still opt out prior to January if you do not find insurance coverage that is suitable for you and your direct care employees. The application does provide the department data an indication of whether you have an interest in the program or not, and also provides data about the types and number of employees that potentially will be funded if you are interested in the program.

In the meantime, I would appreciate your help taking a few minutes to complete and return the attached survey for your organization. In addition, it would be helpful if you could distribute the direct care worker survey to any of your employees who might be eligible for health insurance coverage under this plan. This information will be helpful in order to understand the employee's perspective. This information will be useful content for a report that will be submitted to the legislature under Senate Bill 206, the enabling legislation for this funding. You can E-mail, fax, or mail these surveys back to me.

We are requesting a response prior to July 11, 2008. I apologize for the short timeframe to answer this survey although it hope it will be very straightforward and simple to complete.

Your assistance is greatly appreciated. If you have any questions, you can call me at 444-3520 or E-mail me at [jlustgraaf@mt.gov](mailto:jlustgraaf@mt.gov).

Thank You,

Jeff

Jeff Lustgraaf  
DPHHS AMDD  
555 Fuller Avenue  
P.O. Box 202905  
Helena, Mt. 59620-2905  
406-444-3520  
Fax: 444-9389

ADDICTIVE AND MENTAL DISORDERS DIVISION  
DIRECT- CARE WORKER SURVEY  
FOR COMMUNITY BASED PROVIDERS

The following health care survey is intended to gather information to be used by the Department in meeting SB 206 requirements to study the feasibility of providing funding for employee health insurance.

Please take a few minutes to complete this survey.

Agency Name: \_\_\_\_\_

Agency Provider NPI / Provider # \_\_\_\_\_

What % of your funding is from Medicaid? \_\_\_\_\_

**General Questions**

- A. 1. How many workers in total do you employ \_\_\_\_\_
2. How many of your agency's employees provide direct care?

Habilitation Aide	_____
Homemaker	_____
Respite Care	_____
Specially Trained Attendant	_____
LPN	_____
RN	_____
Home Health/Hospice Aide	_____
Therapy (OT, ST,PT)	_____

- B. How many of your employees who provide direct consumer care work an average of:

- |    |       |                             |
|----|-------|-----------------------------|
| 1. | _____ | 40 or more hours per week   |
| 2. | _____ | 30 – 39 hours per week      |
| 3. | _____ | 20 - 29 hours per week      |
| 4. | _____ | 10 – 19 hours per week      |
| 5. | _____ | Less than 10 hours per week |

- C. What is the current average hourly wage (without benefits) of your direct care employees?

Habilitation Aide	\$ _____	LPN	\$ _____
Homemaker	\$ _____	RN	\$ _____
Respite Care	\$ _____	Home Health/Hospice Aide	\$ _____
Therapy (OT, ST,PT)	\$ _____	Specially Trained Attendant	\$ _____

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D. Does your agency offer employer-sponsored health insurance to your employees who directly provide Medicaid funded community services?

1. Yes \_\_\_\_\_

2. No \_\_\_\_\_

E. If yes to D, how many of your agency's employees, that directly provide community services, are covered under your employer sponsored insurance?

\_\_\_\_\_

F. How many hours per week or month is an employee required to work in order to be eligible for the health insurance coverage offered by your agency?

1. \_\_\_\_\_ 40 or more hours per week

2. \_\_\_\_\_ 30 – 39 hours per week

3. \_\_\_\_\_ 20-29 hours per week

4. \_\_\_\_\_ Less than 20 hours per week

5. \_\_\_\_\_ No limit

G. If your agency offers health insurance coverage; fill in the following table with the number of employees who select each type of coverage and the employer cost and employee cost for that coverage per employee.

Type of Coverage	Number of Employees	Employer Contribution	Employee Contribution
Employee Only			
Employee & Spouse			
Employee & Children			
Family Coverage: employee, spouse & children			

### Closing Questions

H. Some providers have expressed an interest in developing an insurance "Purchasing Pool" made up of agencies that provide direct health care, in order to lower the cost of monthly premiums. Would you be interested in participating in such a pool? A yes answer only indicates an interest in – not a commitment to a "purchasing pool".

1. Yes \_\_\_\_\_

2. No \_\_\_\_\_

- I. Given your current understanding of the Department's study to look at funding for health insurance for workers who deliver Medicaid funded direct care services, which of the following best describes your agency's opinion of the proposal: (check one)

1. Strongly Oppose \_\_\_\_\_
2. Oppose \_\_\_\_\_
3. Neither Oppose nor Support \_\_\_\_\_
4. Support \_\_\_\_\_
5. Strongly Support \_\_\_\_\_

- J. Are there any other thoughts, issues and concerns that you think the Department should consider as it develops the proposal?

Name of person completing survey: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Contact phone number: \_\_\_\_\_

THANK YOU FOR YOUR TIME IN COMPLETING THIS SURVEY

Remember to return this survey by July 11, 2008.

Please fax your survey responses to 444-9389 or email to [jlustgraaf@mt.gov](mailto:jlustgraaf@mt.gov).

Questions should be directed to Jeff Lustgraaf at 444-3520.

ADDICTIVE AND MENTAL DISORDERS DIVISION  
DIRECT- CARE WORKER SURVEY

The following health care survey is intended to gather information to be used by the Department in meeting SB 206 requirements to study the feasibility of providing funding for employees health insurance.

Please take a few minutes to complete this survey. You may be able to use your employer's fax machine or return it to your employer for mailing back to the Department. If you wish to mail it directly, mail to: Jeff Lustgraaf, Addictive and Mental Disorders Division, DPHHS, P.O. Box 202905, Helena, Mt. 59620-2905.

- A. Do you currently have health insurance for yourself? (check one)
1. ☐ Yes
  2. ☐ No
- B. If yes, do you have coverage for your family? (check one)
1. ☐ No
  2. ☐ Yes, my spouse only
  3. ☐ Yes, my spouse and children
  4. ☐ Yes, my children only
- C. If you do have health insurance, what is the source of your coverage? (check one)
1. ☐ I am insured through my employer.
  2. ☐ I am insured through my spouse's employer.
  3. ☐ I am insured through my parent's insurance
  4. ☐ I am enrolled in the Medicaid program.
  5. ☐ I have Medicare
  6. ☐ I have IHS (Indian Health Service)
  7. ☐ I have Tri-Care
  8. ☐ Other Health Insurance. Please describe: \_\_\_\_\_
- D. If you do not have health insurance, please indicate the reason why. (check one)
1. ☐ My employer does not offer health insurance
  2. ☐ The health insurance my employer does offer is too expensive.
  3. ☐ I do not qualify for my employer's health insurance
-

- E. How old are you? \_\_\_\_\_
- F. Gender (check one)  
 1. \_\_\_\_\_ Female  
 2. \_\_\_\_\_ Male
- G. Are you married? (check one);  
 1. \_\_\_\_\_ Yes  
 2. \_\_\_\_\_ No
- H. How many children do you have who are under the age of 21? \_\_\_\_\_
- I. How many of your children are currently enrolled in the Medicaid program? \_\_\_\_\_
- J. How many of your children are currently enrolled in the Children's Health Insurance Program (CHIP)? \_\_\_\_\_ (For information about enrolling in CHIP , please call 1-877-543-7669)
- K. Have you ever been or are you currently enrolled in the Temporary Assistance for Needy Families (TANF) program (check one)?  
 1. \_\_\_\_\_ currently enrolled  
 2. \_\_\_\_\_ Yes – have been enrolled TANF  
 3. \_\_\_\_\_ No – have not been enrolled in TANF
- L. If your employer offered health insurance at no cost to you, would you participate in the coverage (check one)?  
 1. \_\_\_\_\_ Yes  
 2. \_\_\_\_\_ No If not,  
 why: \_\_\_\_\_
- M. If your employer offered insurance and you were required to pay a portion of the monthly premium, how much would be willing to pay each month? (please check those that apply)

Amount Willing to Pay	Self	Self & Spouse	Self & Children	Family Coverage
\$ 1.00 - \$10.00 per month				
\$11.00 - \$20.00 per month				
\$21.00 - \$30.00 per month				
\$31.00 - \$40.00 per month				
\$41.00 - \$50.00 per month				
\$51.00 – \$100.00 per month				
\$101.00 – \$150.00 per month				

N. If your employer offered insurance would you be interested in covering your spouse and children (check one)?

1. ☐ No
2. ☐ Yes, my spouse only
3. ☐ Yes, my spouse and children
4. ☐ Yes, my children only

O. What is your total annual family income?

1. ☐ Under \$24,000.00 per year
2. ☐ \$24,001.00 to 35,000.00 per year
3. ☐ \$35,001.00 – 50,000.00 per year
4. ☐ \$50,001.00 or more per year

P. What is the name of the facility where you work? \_\_\_\_\_

Q. How many hours per week do you work (average) at the facility?

1. ☐ 40 or more
2. ☐ 30 -39
3. ☐ 20-29
4. ☐ Less than 20

R. How long have you worked at a facility providing direct care services to residents? \_\_\_\_\_

S. What is your job title:

CNA	<input type="checkbox"/>	Social Services	<input type="checkbox"/>
LPN	<input type="checkbox"/>	Housekeeping	<input type="checkbox"/>
RN	<input type="checkbox"/>	Laundry	<input type="checkbox"/>
Activities	<input type="checkbox"/>	Dietary	<input type="checkbox"/>
Therapeutic/Rehabilitative Aide _____			
Other: Identify _____			

T. If you are now working part-time as a direct care worker and you had to work an average of 20 or more hours per week in order to be eligible for health insurance through your employer, would you try to work more hours so you could get the health insurance? (please check one)

1. Yes, I would try to work 20 or more hours per week so I could get health insurance ☐
2. No, I won't be able to work 20 or more hours per week ☐
3. I already work more than 20 hours per week most of the time. ☐
4. If you are now working part-time as a direct care worker and you had to work an average of 30 or more hours per week in order to be eligible for health insurance through your ☐

T. employer, would you try to work more hours so you could get the health insurance?  
(please check one)

1. Yes, I would try to work 30 or more hours per week so I could get health insurance \_\_\_\_\_
2. No, I won't be able to work 30 or more hours per week \_\_\_\_\_
3. I already work more than 30 hours per week most of the time. \_\_\_\_\_

U. How important do you think it is that the employers that provide Medicaid direct care services be able to offer health insurance to their employees such as you and the others that provide these direct care services. (please check one)

1. Extremely important \_\_\_\_\_
2. Very important \_\_\_\_\_
3. Somewhat important \_\_\_\_\_
4. Not that important \_\_\_\_\_
5. Not important at all \_\_\_\_\_

V. Comment section (feel free to write in your thoughts or comments on this Healthcare Issue for Direct Care Workers):

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THANK YOU FOR YOUR TIME IN COMPLETING THIS SURVEY

Remember to return this survey by July 11, 2008.

Please fax your survey responses to 444-9389;

or return it to your employer for mailing back to the Department;

or by email to [jlustgraaf@mt.gov](mailto:jlustgraaf@mt.gov).

Or mail to: DPHHS  
AMDD  
Attn: Jeff Lustgraaf  
PO Box 202905  
Helena, MT 59620-2905

Any questions should be directed to Jeff Lustgraaf at 444-3520.

# **SENIOR AND LONG TERM CARE (SLTC)**

## **SURVEY SUMMARY**

- ↓ Nursing Facility Services Program (NFS)
- ↓ Community Based Services Program (CBS)

# X

## **Senior and Long Term Care (SLTC)**

### **Nursing Facility Services Program (NFS)**

The Nursing Facility Services Bureau for Senior and Long Term Care Division (SLTCD) is responsible for the overall management and coordination of the Medicaid nursing facility program including policy, reimbursement and program development.

The Nursing Facility Services Bureau provides or makes services available through the Medicaid Nursing Facility Services Program, which pays for short-term and long-term nursing care for individuals eligible for Medicaid. Sixty percent of nursing care beds in Montana is funded through Medicaid.

There are eighty five (85) licensed nursing facilities in the state that participate in the Medicaid program (excluding state run facilities) with a total of about six thousand seven hundred sixty three (6763) beds. At any one time about seventy (70) % of nursing facility beds in the state are occupied. Nursing facilities are located in forty-six (46) of Montana's fifty-six counties, and range in size from twenty-two (22) to two hundred seventy-eight (278) beds.

In May 2008, SLTCD sent out provider surveys to both Nursing Facilities and Swing Bed Providers; and approximately 2075 worker surveys to be distributed to Direct Care Workers at those Montana facilities.

## **XI**

### **SLTC Nursing Facility Services** **Survey Summary**

#### **a. SLTC NFS DIRECT CARE PROVIDER SURVEY SUMMARY**

- ✚ A total of 58 out of the 85 nursing facility providers or (68%) responded to the survey.
- ✚ Providers provided information on 4,287 direct care workers, which represented 73.5% of their total workforce of 5,832 employees
- ✚ Providers responded that
  - 47.52% of direct care workers work 40 hours or more
  - 72.58% of the direct care workers work 30 hours or more
  - 86.09% of these workers work more than 20 hours per week.
- ✚ Providers reported that of their direct care workers:
  - 49.03% were C N A's
  - 12.6% were RN's
  - 13.44% were Dietary workers
  - 9.45% were LPN's
  - The rest of the reported workforce or 15.48% were other direct care staff (activities, social services, housekeeping, and laundry).
- ✚ Providers reported average wages for direct care workers as follows:
  - C N A of \$10.90
  - \$16.85 for LPN's
  - \$15.89 for Social Service Workers
  - \$23.26 for RN's.
  - Other direct care workers averaged \$9.73 in average wages.
- ✚ The lowest Direct Care Wage reported by providers was \$6.50 for Housekeeping and Laundry, while the highest was \$27.70 for RN.
- ✚ 67% of the providers who responded to the survey indicated that they would participate in a purchasing pool for health care insurance.
- ✚ When asked their opinion on a proposal for health care insurance for health care workers, the following responses were received;
  - 40% were neutral
  - 48% were in support

- 5% were opposed
- ✦ Of the 58 that responded to the survey, 57 offer health insurance to 2,404 employees. The facilities report that 5.17% of them have no minimum of hours required to work to qualify, while 8.62% allow less than 20 hours to qualify, with the remainder of 86.21% require more than 20 hours.
- ✦ Providers report that 35.6% or 2073 of their 5832 total workforce reported have health insurance.
- ✦ 74% of the employees with health insurance have "employee only coverage" with an average employer contribution of \$335 and an average employee contribution of \$142.
- ✦ Providers report that 11% of the employees with health care insurance have "employee and spouse coverage" with an average employer contribution of \$403 and an average employee contribution of \$413.
- ✦ Providers report that 8% of the employees with health care insurance have "employee and children" an average employer contribution of \$361 and an average employee contribution of \$302.
- ✦ Providers report that 6% of the employees with health care insurance have "family coverage" with an average employer contribution of \$419 and an average employee contribution of \$584.

#### **b. SLTC NFS DIRECT CARE WORKER SURVEY SUMMARY**

- ✦ 1,558 direct care workers responded to the survey
- ✦ 88% of direct care workers reporting were female
- ✦ 56% of direct care workers are married
- ✦ 41% had children.
- ✦ The average age of the direct care workers surveyed was 44 years
- ✦ People working as direct care workers range in age from 15 to 87 years

- ↓ Nursing Facility direct care workers are parents of 129 children that are covered by Medicaid, 63 children on CHIP, and 5 are enrolled in TANF, while 118 had previously been enrolled in TANF.
- ↓ The average worker had 2 children.
- ↓ Workers reported that 33.56% of them had income less than \$24,000, while 19.36% of them were over \$50,000 for income.
- ↓ 36% of the workers who responded to the survey were C N A's, 14.69% were RN's, 10.08% were Dietary workers, and 9.36% were LPN's.
- ↓ 1,146 of the 1,558 workers (73%) that responded to the survey reported as having health insurance coverage. 51% of the 1,146 with insurance have employee only coverage, followed by 21% with spouse coverage, 17% spouse and children, and 8% with children only.
- ↓ 72.16% of the employees that have insurance coverage reported that the insurance is through their employer, while 12.39% is with the spouses' employer. 1.48% has Medicaid and 1.92% has Medicare. 1.66% has coverage under a parent, and 1.22% with I H S.
- ↓ When asked if the employer offered health insurance at no cost to the employee would they participate, 92.17% of the workers said YES.
- ↓ When asked if the employer offered health insurance with a portion of cost to the employee, 49.23% of the respondents said they would not be willing to pay for employee only insurance, 76% would not be willing to pay for self and spouse coverage, 84% would not be willing to pay for self and children coverage, and 73% would not be willing to pay for family coverage.
- ↓ Workers were asked to respond to a question that if they are now working part-time as a direct care worker and they had to work an average of **20** or more hours per week in order to qualify for health insurance, would they work more hours to qualify. 46% responded that they already work **20** hours or more, while 15% said yes, and 3% said no.
- ↓ Workers were asked to respond to a question that if they are now working part-time as a direct care worker and they had to work an average of **30** or more hours per week in order to qualify for health insurance, would they work more hours to qualify. 40% responded that they already work **30** hours or more, while 14% said yes, and 8% said no.

- Workers were asked what they think about employers that provide Medicaid direct care services being able to offer health care insurance to employees such as them or others that provide such services. 79% said it was extremely important, and 13% said it was very important. Less than 1% felt it was not important.

## **XII**

### **SLTC Nursing Facility Services** **Survey Tool & Letter**

✚ **PROVIDER LETTER**

✚ **PROVIDER SURVEY**

✚ **WORKER LETTER**

✚ **WORKER SURVEY**

May 30, 2008

**To:** Habilitation Providers  
Respite and Homemaker Providers  
Home Health Providers  
Hospice Providers  
Nursing Facility Providers  
Swing Bed Providers

**From:** Kelly Williams, Administrator  
Senior and Long Term Care Division

**Subject: Senate Bill 206-Health Insurance Survey – Due Date June 23, 2008**

The 2007 Legislature passed Senate Bill (SB) 206 that directs the Department of Public Health and Human Services conduct a study of Medicaid direct care service providers and their direct care employees in order to assess the feasibility of providing funding for employee health insurance.

The legislation requires that the study at a minimum needs to:

- 1) Examine the feasibility of increasing Medicaid payments to employers that employ direct care employees that receive a majority of their revenue as a result of providing Medicaid funded long term care,
- 2) Identify organizations that employ direct care employees that receive the majority of their revenue for providing Medicaid funded long term care services, including licensed nursing facilities, community service programs, developmental disability community service providers and providers of certain child and adult mental health services,
- 3) Determine the number of employees that would be eligible,
- 4) Calculate the cost to the state of the increased payments, and
- 5) Calculate the cost incurred by other government programs such as temporary assistance to needy families and Medicaid due to the lack of health insurance on the part of direct care employees and calculates the cost of future utilization of and costs incurred by other programs.

Over the last several months the Senior and Long Term Care Division has been working to define and implement such a health insurance program for personal care agencies and private duty nursing providers. As part of that effort we have been working on development of insurance benchmarks and determining how such a program will be implemented with funding that was provided by the Legislature to pilot this smaller effort.

SB 206 requires the department gather information, study this issue, and provide a report on the feasibility of implementing this health insurance approach. There has been no commitment for funding or implementing this model beyond the pilot group at this time.

In order to meet the SB 206 study requirements the Senior and Long Term Care Division has developed two survey tools to be used to further study the feasibility of providing funding for health insurance for employees who provide direct services. We are asking that you and your employees participate in this survey process.

We have attached copies of two survey tools; one for the agency or provider to complete, and one (we have provided 25 copies) that we are asking for your assistance in handing out to your employees for their completion and submission back to the Division. **Feel free to make additional copies as necessary of the employee survey.** We are asking that you allow your workers to complete this survey, and that you assist us by allowing them the use of the facility fax to submit it to us or that you would collect the survey tool, if they would like, and mail it directly back to the Department for inclusion in our analysis and report.

Because we are on a tight timeline to gather this information and analyze it for inclusion in the study and report we are asking for your assistance in returning the survey by **June 23, 2008**. Please feel free to e-mail or fax the information back to us from you and your employees.

**Note: If you currently provide a health insurance benefit for your employees, please send a copy of the insurance policy that describes the coverage, employee and employer share of premiums, co-pays and limits.**

Thank you for your assistance with this important project. If you have any questions please contact me at 406-444-4147.

C: Joan Miles  
John Chappuis  
Rick Norine  
James Driggers

SENIOR AND LONG TERM CARE DIVISION  
DIRECT- CARE WORKER SURVEY  
FOR NURSING FACILITY/SWING BED PROVIDERS

The following health care survey is intended to gather information to be used by the Department in meeting SB 206 requirements to study the feasibility of providing funding for employee health insurance.

Please take a few minutes to complete this survey.

Facility Name: \_\_\_\_\_

Facility Provider NPI / Provider # \_\_\_\_\_

What % of your funding is from Medicaid? \_\_\_\_\_

**General Questions**

- A. 1. How many workers in total do you employ \_\_\_\_\_
2. How many of your facilities employees provide direct care?

CNA	_____	Social Services	_____
LPN	_____	Housekeeping	_____
RN	_____	Laundry	_____
Activities	_____	Dietary	_____

- B. How many of your employees who provide direct resident care work an average of:

1. \_\_\_\_\_ 40 or more hours per week
2. \_\_\_\_\_ 30 – 39 hours per week
3. \_\_\_\_\_ 20 - 29 hours per week
4. \_\_\_\_\_ 10 – 19 hours per week
5. \_\_\_\_\_ Less than 10 hours per week

- C. What is the current average hourly wage (without benefits) of your direct care employees?

CNA	\$ _____
LPN	\$ _____
RN	\$ _____
Activities	\$ _____
Social Services	\$ _____
Housekeeping	\$ _____
Laundry	\$ _____
Dietary	\$ _____

D. Does your facility offer employer-sponsored health insurance to your employees who directly provide Medicaid funded direct care services?

1. Yes \_\_\_\_\_
2. No \_\_\_\_\_

E. If yes to D, how many of your facility's employees, that directly provide direct care services, are covered under your employer sponsored insurance? \_\_\_\_\_

F. If yes to D, how many hours per week or month is an employee required to work in order to be eligible for the health insurance coverage offered by your facility?

1. \_\_\_\_\_ 40 or more hours per week
2. \_\_\_\_\_ 30 – 39 hours per week
3. \_\_\_\_\_ 20-29 hours per week
4. \_\_\_\_\_ Less than 20 hours per week
5. \_\_\_\_\_ No limit

G. If your facility offers health insurance coverage; fill in the following table with the number of employees who select each type of coverage and the employer cost and employee cost for that coverage per employee.

Type of Coverage	Number of Employees	Employer Contribution	Employee Contribution
Employee Only			
Employee & Spouse			
Employee & Children			
Family Coverage: employee, spouse & children			

### Closing Questions

H. Some providers have expressed an interest in developing an "insurance" Purchasing Pool" made up of agencies that provide direct health care, in order to lower the cost of monthly premiums. Would you be interested in participating in such a pool? A yes answer only indicates an interest in – not a commitment to a "purchasing pool".

1. Yes \_\_\_\_\_
2. No \_\_\_\_\_

I. Given your current understanding of the Department's study to look at funding for health insurance for workers who deliver Medicaid direct care services, which of the following best describes your facility's opinion of the proposal: (check one)

1. Strongly Oppose \_\_\_\_\_
2. Oppose \_\_\_\_\_
3. Neither Oppose nor Support \_\_\_\_\_
4. Support \_\_\_\_\_
5. Strongly Support \_\_\_\_\_

J. Are there any other thoughts, issues and concerns that you think the Department should consider as it develops the proposal?

Name of person completing survey: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Contact phone number: \_\_\_\_\_

THANK YOU FOR YOUR TIME IN COMPLETING THIS SURVEY

Remember to return this survey by June 23, 2008!

Please fax your survey responses to 444-7743 or by email to [rnorine@mt.gov](mailto:rnorine@mt.gov)

Questions should be directed to Rick Norine at 444-4209.

May 30, 2008

**To:** Habilitation, Respite and Homemaker Employees  
Home Health and Hospice Employees  
Nursing Facility Employees  
Swing Bed Employees

**From:** Kelly Williams, Administrator  
Senior and Long Term Care Division

**Subject:** Employee Health Insurance Survey – Due June 23, 2008

The 2007 Legislature passed Senate Bill (SB) 206 that directed the Department of Public Health and Human Services conduct a study of Medicaid funded direct care service providers and their direct care employees in order to assess the feasibility of providing funding for employee health insurance.

As part of that study effort we are gathering information from your employer, and direct care workers like you, on their current access to health insurance. We are asking several questions so that we better understand the challenges you face in accessing health insurance as well as some questions about you and your family.

We have asked your employer to distribute to you for your completion the following survey form. We ask that you complete the information to the best of your ability and mail or fax it to the Senior and Long Term Care Division. We have asked for the assistance of your employer to allow you to fax the completed forms to us on their fax or that they would also be willing to collect completed surveys and mail them back to us.

SB 206 requires the Department gather information, study this issue, and provide a report on the feasibility of implementing this health insurance approach for employees who provide direct services. There has been no commitment for future funding or implementation of this model at the current time.

The information you provide will be used to report to the legislature about the value of health insurance for direct care workers and we would appreciate it if you would complete the enclosed survey and return it to us by **June 23, 2008. Your input is very important to this process.**

If you have any questions please contact your employer or you may contact the Senior and Long Term Care Division at 406-444-4077.

SENIOR AND LONG TERM CARE DIVISION  
DIRECT- CARE WORKER SURVEY  
FOR NURSING FACILITY/SWING BED WORKERS

The following health care survey is intended to gather information to be used by the Department in meeting SB 206 requirements to study the feasibility of providing funding for employees health insurance.

Please take a few minutes to complete this survey, and you may be able to use your employer's fax machine or return it to your employer for mailing back to the Department.

A. Do you currently have health insurance for yourself? (check one)

- 1. ☐ Yes
- 2. ☐ No

B. If yes, do you have coverage for your family? (check one)

- 1. ☐ No
- 2. ☐ Yes, my spouse only
- 3. ☐ Yes, my spouse and children
- 4. ☐ Yes, my children only

C. If you do not have health insurance, please indicate the reason why. (check one)

- 1. ☐ My employer does not offer health insurance
- 2. ☐ The health insurance my employer does offer is too expensive.
- 3. ☐ I do not qualify for my employer's health insurance

D. If you do have health insurance, what is the source of your coverage? (check one)

- 1. ☐ I am insured through my employer.
- 2. ☐ I am insured through my spouse's employer.
- 3. ☐ I am insured through my parent's insurance
- 4. ☐ I am enrolled in the Medicaid program.
- 5. ☐ I have Medicare
- 6. ☐ I have IHS (Indian Health Service)
- 7. ☐ I have Tri-Care
- 8. ☐ Other Health Insurance. Please describe: \_\_\_\_\_

E. How old are you? \_\_\_\_\_

F. Gender (check one)

- 1. ☐ Female
- 2. ☐ Male

G. Are you married? (check one);

1. ☐ Yes
2. ☐ No

H. How many children do you have who are under the age of 21? \_\_\_\_\_

I. How many of your children are currently enrolled in the Medicaid program? \_\_\_\_\_

J. How many of your children are currently enrolled in the Children's Health Insurance Program (CHIP)? \_\_\_\_\_ (For information about enrolling in CHIP, please call 1-877-543-7669)

K. Have you ever been or are you currently enrolled in the Temporary Assistance for Needy Families (TANF) program (check one)?

1. ☐ currently enrolled
2. ☐ Yes – have been enrolled TANF
3. ☐ No – have not been enrolled in TANF

L. If your employer offered health insurance at no cost to you, would you participate in the coverage (check one)?

1. ☐ Yes
2. ☐ No If not, why: \_\_\_\_\_

M. If your employer offered insurance and you were required to pay a portion of the monthly premium, how much would be willing to pay each month? (please check those that apply)

Amount Willing to Pay	Self	Self & Spouse	Self & Children	Family Coverage
\$ 1.00 - \$10.00 per month				
\$11.00 - \$20.00 per month				
\$21.00 - \$30.00 per month				
\$31.00 - \$40.00 per month				
\$41.00 - \$50.00 per month				
\$51.00 - \$100.00 per month				
\$101.00 - \$150.00 per month				
\$151.00 - \$200.00 per month				
more than \$200.00 per month				

N. If your employer offered insurance would you be interested in covering your spouse and children (check one)?

1. ☐ No
2. ☐ Yes, my spouse only
3. ☐ Yes, my spouse and children
4. ☐ Yes, my children only

O. What is your total annual family income?

1. \_\_\_\_\_ Under \$24,000.00 per year
2. \_\_\_\_\_ \$24,001.00 to 35,000.00 per year
3. \_\_\_\_\_ \$35,001.00 – 50,000.00 per year
4. \_\_\_\_\_ \$50,001.00 or more per year

P. What is the name of the facility where you work? \_\_\_\_\_

Q. How many hours per week do you work (average) at the facility?

1. \_\_\_\_\_ 40 or more
2. \_\_\_\_\_ 30 -39
3. \_\_\_\_\_ 20-29
4. \_\_\_\_\_ Less than 20

R. How long have you worked at a facility providing direct care services to residents? \_\_\_\_\_

S. What is your job title:

CNA	_____	Social Services	_____
LPN	_____	Housekeeping	_____
RN	_____	Laundry	_____
Activities	_____	Dietary	_____
Other: Identify	_____		

T. If you are now working part-time as a direct care worker and you had to work an average of 20 or more hours per week in order to be eligible for health insurance through your employer, would you try to work more hours so you could get the health insurance? (please check one)

1. Yes, I would try to work 20 or more hours per week so I could get health insurance \_\_\_\_\_
2. No, I won't be able to work 20 or more hours per week \_\_\_\_\_
3. I already work more than 20 hours per week most of the time. \_\_\_\_\_

U. If you are now working part-time as a direct care worker and you had to work an average of 30 or more hours per week in order to be eligible for health insurance through your employer, would you try to work more hours so you could get the health insurance? (please check one)

1. Yes, I would try to work 30 or more hours per week so I could get health insurance \_\_\_\_\_
2. No, I won't be able to work 30 or more hours per week \_\_\_\_\_
3. I already work more than 30 hours per week most of the time. \_\_\_\_\_

V. How important do you think it is that the employers that provide Medicaid direct care services be able to offer health insurance to their employees such as you and the others that provide these direct care services. (please check one)

1. Extremely important \_\_\_\_\_
2. Very important \_\_\_\_\_
3. Somewhat important \_\_\_\_\_
4. Not that important \_\_\_\_\_
5. Not important at all \_\_\_\_\_

W. Comment section (feel free to write in your thoughts or comments on this Healthcare Issue for Direct Care Workers):

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THANK YOU FOR YOUR TIME IN COMPLETING THIS SURVEY

Remember to return this survey by June 23, 2008!

Please fax your survey responses to 444-7743;

or return it to your employer for mailing back to the Department;

or by email to [rnorine@mt.gov](mailto:rnorine@mt.gov)

Or mail to: DPHHS  
SLTC  
Attn: Rick Norine  
PO Box 4210  
Helena, MT 59604

Any questions should be directed to Rick Norine at 444-4209.

## **XIII**

### **Senior and Long Term Care (SLTC)**

#### **Community Based Services Program (CBS)**

The Community Services Bureau is responsible for the administration of Medicaid-funded community services, including policy and rule development and enforcement, reimbursement, program development and training. The mission of the Community Services Bureau is to address the needs of Medicaid eligible Montanans who require assistance and support in meeting their on-going health needs by developing, managing, funding, and ensuring quality in home based services that foster independence and dignity, contain costs, and provide options to consumers.

The community services delivery system provides necessary health-related services to individuals who wish to remain in their homes and communities, while recognizing the limitations and risks of the community options chosen. The Community Services Bureau programs serve over 4000 individuals and families. The programs of this bureau are: Preadmission Screening for nursing facilities and Home and Community-Based Services level of care, Home Health, Hospice, Personal Assistance, Home Dialysis and Home and Community Based Waiver Services. Service delivery systems to implement these programs are typically located in community-based and tribal agencies, covering all 56 counties and seven reservations.

In May 2008, SLTC sent out surveys to Medicaid providers and their workers. The 2008 health insurance survey was sent Medicaid Hospice and Home Health providers. It was also sent to HCBS homemaker, respite and habilitation aide only providers. It was not sent to the HCBS providers who provide personal assistance and private duty nursing, since they were included in a previous survey and their workers are currently eligible to receive Department funded health insurance coverage as of January 2009.

A total of 59 Medicaid providers received surveys, which included 35 Home Health and/or Hospice providers and 24 HCBS providers. Twenty of the 59 providers (34%) responded to the survey. Twelve (34%) Home Health and/or Hospice providers responded and 8 (33%) HCBS providers responded.

For the Home Health and/or Hospice providers that responded to the survey, the Medicaid portion of their services comprised an average of 2.7%, with a range from 0%-5%. For the HCBS providers, the Medicaid portion of their services comprised an average of 37%, with a range from 2%-80%.

## **XIV**

### **SLTC Community Based Services** **Survey Summary**

#### **a. SLTC CBS DIRECT CARE PROVIDER SURVEY SUMMARY**

- ✦ The combined providers reported a total workforce of 959 workers. Direct care workers, which included LPN, RN, habilitation aide, homemaker, respite, specially trained attendant, home health and hospice aide, and therapy represented 549 (57%) of their total workforce.
- ✦ When asked their opinion of a proposal to cover health care for direct care workers, 1 provider (5%) opposed the proposal, 10 providers (50%) were neutral, 3 providers (15%) were in support, 1 provider (5%) strongly supported the proposal, and 5 providers (25%) did not respond to the question.
- ✦ Of the 4 providers who supported the proposal for health insurance coverage 2 (50%) indicated an interest in developing a purchasing pool.
- ✦ Seventeen (85%) of the providers offer health insurance to direct care workers. These providers cover 313 of the 549 (57%) direct care workers they employ.
- ✦ Three of the seventeen providers that provide health insurance (18%) require less than 20 hours work per week to qualify for health insurance, 11 (65%) require 20-29 hours and one (6%) require 30-39 hours. Three providers (18%) indicated no response.
- ✦ Average employer contribution towards the employee-only monthly insurance premiums was \$387 and the average employee contribution was \$55. The minimum employer contribution towards employee-only monthly premiums was \$0 and the maximum employer contribution was \$504. The minimum employee contribution towards employee-only monthly premiums was \$0 and the maximum was \$215.

## **b. SLTC CBS DIRECT CARE PROVIDER SURVEY SUMMARY**

- ↓ A total of 251 direct care workers responded to the 2008 direct care worker health insurance survey.
- ↓ A total 222 (88%) of the workers are female, 141 (56%) are married, and 90 (36%) have children.
- ↓ The average age of the workers who responded was 47 and the age range was 18-82.
- ↓ 193 of the workers (77%) currently have health insurance. Of the covered workers, 59% are covered by their employer, 19% are covered by a spouse, 7% by Medicare and the remaining 15% are covered by either parents, Medicaid, Tri-Care, Indian Health Services or other health insurance.
- ↓ 93 (48%) of the workers who indicated they have health insurance indicated they do not have coverage for their family. 44 (23%) have coverage for the spouse only, 41 (21%) have spouse and children coverage, 7 (4%) have coverage for their children only and 8 (4%) did not respond.
- ↓ Workers who responded reported a total of 251 children. 31 (12%) were on Medicaid, and six (2%) were on CHIP
- ↓ 57 of the workers (23%) do not have health insurance. Of the uninsured workers, 33% do not have insurance because the employer doesn't offer it, 19% do not have insurance because their employer's insurance is too expensive, 25% do not qualify for their employer's insurance, and 22% did not provide a reason.
- ↓ When asked the question "if your employer offered health insurance at no cost to you, would you participate in the coverage" 222 (88.5%) said yes, 126 (10.5%) said no, and 3 (1%) did not respond.
- ↓ When asked the question "if your employer offered insurance would you be interested in covering your spouse and children" 100 workers (40%) said no, 52 (21%) said yes, spouse only, 47 (19%) said yes, spouse and children and 32 (13%) said yes, children only. 20 (8%) did not respond to the question.
- ↓ When asked if they would pay a portion of the health insurance monthly premium to cover themselves 45% said they would not be willing to pay. Of the workers who would be willing to pay, 17.5% would

pay between \$1-\$10, 11% would pay between \$11-\$20, 6% would pay between \$21-\$30, 3% would pay between \$31-\$40, 6% would pay between \$41-\$50, and 11.5% would pay \$51 or greater.

- ✦ 33% of the workers reported an annual family income of less than \$24,000, 22% reported an annual family income of \$24,000-\$35,000, 17% reported family income of \$35,001-\$50,000 and 24% reported family income greater than \$50,000. 4% did not respond to the question.
- ✦ When asked how important it was for employers who provide Medicaid direct care services to be able to offer health insurance to employees 67% said it was extremely important, 23% said it was very important, 6% said it was somewhat important, and less than 2% said it was not that important or not important at all. 2% did not respond to the question.

## **XV**

### **SLTC Community Based Services** **Survey Tool & Letter**

✚ ***PROVIDER LETTER***

✚ ***PROVIDER SURVEY***

✚ ***WORKER LETTER***

✚ ***WORKER SURVEY***

May 30, 2008

**To:** Habilitation Providers  
Respite and Homemaker Providers  
Home Health Providers  
Hospice Providers  
Nursing Facility Providers  
Swing Bed Providers

**From:** Kelly Williams, Administrator  
Senior and Long Term Care Division

**Subject: Senate Bill 206-Health Insurance Survey – Due Date June 23, 2008**

The 2007 Legislature passed Senate Bill (SB) 206 that directs the Department of Public Health and Human Services conduct a study of Medicaid direct care service providers and their direct care employees in order to assess the feasibility of providing funding for employee health insurance.

The legislation requires that the study at a minimum needs to:

- 1) Examine the feasibility of increasing Medicaid payments to employers that employ direct care employees that receive a majority of their revenue as a result of providing Medicaid funded long term care,
- 2) Identify organizations that employ direct care employees that receive the majority of their revenue for providing Medicaid funded long term care services, including licensed nursing facilities, community service programs, developmental disability community service providers and providers of certain child and adult mental health services,
- 3) Determine the number of employees that would be eligible,
- 4) Calculate the cost to the state of the increased payments, and
- 5) Calculate the cost incurred by other government programs such as temporary assistance to needy families and Medicaid due to the lack of health insurance on the part of direct care employees and calculates the cost of future utilization of and costs incurred by other programs.

Over the last several months the Senior and Long Term Care Division has been working to define and implement such a health insurance program for personal care agencies and private duty nursing providers. As part of that effort we have been working on development of insurance benchmarks and determining how such a program will be implemented with funding that was provided by the Legislature to pilot this smaller effort.

SB 206 requires the department gather information, study this issue, and provide a report on the feasibility of implementing this health insurance approach. There has been no commitment for funding or implementing this model beyond the pilot group at this time.

In order to meet the SB 206 study requirements the Senior and Long Term Care Division has developed two survey tools to be used to further study the feasibility of providing funding for health insurance for employees who provide direct services. We are asking that you and your employees participate in this survey process.

We have attached copies of two survey tools; one for the agency or provider to complete, and one (we have provided 25 copies) that we are asking for your assistance in handing out to your employees for their completion and submission back to the Division. **Feel free to make additional copies as necessary of the employee survey.** We are asking that you allow your workers to complete this survey, and that you assist us by allowing them the use of the facility fax to submit it to us or that you would collect the survey tool, if they would like, and mail it directly back to the Department for inclusion in our analysis and report.

Because we are on a tight timeline to gather this information and analyze it for inclusion in the study and report we are asking for your assistance in returning **the survey by June 23, 2008.** Please feel free to e-mail or fax the information back to us from you and your employees.

**Note: If you currently provide a health insurance benefit for your employees, please send a copy of the insurance policy that describes the coverage, employee and employer share of premiums, co-pays and limits.**

Thank you for your assistance with this important project. If you have any questions please contact me at 406-444-4147.

**C:** Joan Miles  
John Chappuis  
Rick Norine  
James Driggers

SENIOR AND LONG TERM CARE DIVISION  
DIRECT- CARE WORKER SURVEY  
FOR COMMUNITY BASED PROVIDERS

The following health care survey is intended to gather information to be used by the Department in meeting SB 206 requirements to study the feasibility of providing funding for employee health insurance.

Please take a few minutes to complete this survey.

Agency Name: \_\_\_\_\_

Agency Provider NPI / Provider # \_\_\_\_\_

What % of your funding is from Medicaid? \_\_\_\_\_

**General Questions**

- A. 1. How many workers in total do you employ \_\_\_\_\_
2. How many of your agency's employees provide direct care?

Habilitation Aide	_____
Homemaker	_____
Respite Care	_____
Specially Trained Attendant	_____
LPN	_____
RN	_____
Home Health/Hospice Aide	_____
Therapy (OT, ST,PT)	_____

- B. How many of your employees who provide direct consumer care work an average of:

- |    |       |                             |
|----|-------|-----------------------------|
| 1. | _____ | 40 or more hours per week   |
| 2. | _____ | 30 – 39 hours per week      |
| 3. | _____ | 20 - 29 hours per week      |
| 4. | _____ | 10 – 19 hours per week      |
| 5. | _____ | Less than 10 hours per week |

- C. What is the current average hourly wage (without benefits) of your direct care employees?

Habilitation Aide	\$ _____	LPN	\$ _____
Homemaker	\$ _____	RN	\$ _____
Respite Care	\$ _____	Home Health/Hospice Aide	\$ _____
Therapy (OT, ST,PT)	\$ _____	Specially Trained Attendant	\$ _____

D. Does your agency offer employer-sponsored health insurance to your employees who directly provide Medicaid funded community services?

1. Yes \_\_\_\_\_
2. No \_\_\_\_\_

E. If yes to D, how many of your agency's employees, that directly provide community services, are covered under your employer sponsored insurance? \_\_\_\_\_

F. How many hours per week or month is an employee required to work in order to be eligible for the health insurance coverage offered by your agency?

1. \_\_\_\_\_ 40 or more hours per week
2. \_\_\_\_\_ 30 – 39 hours per week
3. \_\_\_\_\_ 20-29 hours per week
4. \_\_\_\_\_ Less than 20 hours per week
5. \_\_\_\_\_ No limit

G. If your agency offers health insurance coverage; fill in the following table with the number of employees who select each type of coverage and the employer cost and employee cost for that coverage per employee.

Type of Coverage	Number of Employees	Employer Contribution	Employee Contribution
Employee Only			
Employee & Spouse			
Employee & Children			
Family Coverage: employee, spouse & children			

### **Closing Questions**

H. Some providers have expressed an interest in developing an insurance "Purchasing Pool" made up of agencies that provide direct health care, in order to lower the cost of monthly premiums. Would you be interested in participating in such a pool? A yes answer only indicates an interest in – not a commitment to a "purchasing pool".

1. Yes \_\_\_\_\_
2. No \_\_\_\_\_

H. Given your current understanding of the Department's study to look at funding for health insurance for workers who deliver Medicaid funded direct care services, which of the following best describes your agency's opinion of the proposal: (check one)

1. Strongly Oppose \_\_\_\_\_
2. Oppose \_\_\_\_\_
3. Neither Oppose nor Support \_\_\_\_\_
4. Support \_\_\_\_\_
5. Strongly Support \_\_\_\_\_

I. Are there any other thoughts, issues and concerns that you think the Department should consider as it develops the proposal?

Name of person completing survey: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Contact phone number: \_\_\_\_\_

THANK YOU FOR YOUR TIME IN COMPLETING THIS SURVEY

Remember to return this survey by June 23, 2008!

Please fax your survey responses to 444-7743 or by email to [rhoman@mt.gov](mailto:rhoman@mt.gov)

Questions should be directed to Robin Homan at 444-4131.

May 30, 2008

**To:** Habilitation, Respite and Homemaker Employees  
Home Health and Hospice Employees  
Nursing Facility Employees  
Swing Bed Employees

**From:** Kelly Williams, Administrator  
Senior and Long Term Care Division

**Subject:** Employee Health Insurance Survey – Due June 23, 2008

The 2007 Legislature passed Senate Bill (SB) 206 that directed the Department of Public Health and Human Services conduct a study of Medicaid funded direct care service providers and their direct care employees in order to assess the feasibility of providing funding for employee health insurance.

As part of that study effort we are gathering information from your employer, and direct care workers like you, on their current access to health insurance. We are asking several questions so that we better understand the challenges you face in accessing health insurance as well as some questions about you and your family.

We have asked your employer to distribute to you for your completion the following survey form. We ask that you complete the information to the best of your ability and mail or fax it to the Senior and Long Term Care Division. We have asked for the assistance of your employer to allow you to fax the completed forms to us on their fax or that they would also be willing to collect completed surveys and mail them back to us.

SB 206 requires the Department gather information, study this issue, and provide a report on the feasibility of implementing this health insurance approach for employees who provide direct services. There has been no commitment for future funding or implementation of this model at the current time.

The information you provide will be used to report to the legislature about the value of health insurance for direct care workers and we would appreciate it if you would complete the enclosed survey and return it to us by **June 23, 2008. Your input is very important to this process.**

If you have any questions please contact your employer or you may contact the Senior and Long Term Care Division at 406-444-4077.

SENIOR AND LONG TERM CARE DIVISION  
DIRECT- CARE WORKER SURVEY  
FOR COMMUNITY BASED WORKERS

The following health care survey is intended to gather information to be used by the Department in meeting SB 206 requirements to study the feasibility of providing funding for employees health insurance.

Please take a few minutes to complete this survey, and you may be able to use your employer's fax machine or return it to your employer for mailing back to the Department.

- A. Do you currently have health insurance for yourself? (check one)
1. ☐ Yes
  2. ☐ No
- B. If yes, do you have coverage for your family? (check one)
1. ☐ No
  2. ☐ Yes, my spouse only
  3. ☐ Yes, my spouse and children
  4. ☐ Yes, my children only
- C. If you do not have health insurance, please indicate the reason why. (check one)
1. ☐ My employer does not offer health insurance
  2. ☐ The health insurance my employer does offer is too expensive.
  3. ☐ I do not qualify for my employer's health insurance
- D. If you do have health insurance, what is the source of your coverage? (check one)
1. ☐ I am insured through my employer.
  2. ☐ I am insured through my spouse's employer.
  3. ☐ I am insured through my parent's insurance
  4. ☐ I am enrolled in the Medicaid program.
  5. ☐ I have Medicare
  6. ☐ I have IHS (Indian Health Service)
  7. ☐ I have Tri-Care
  8. ☐ Other Health Insurance. Please describe: \_\_\_\_\_
- E. How old are you? \_\_\_\_\_
- F. Gender (check one)
1. ☐ Female
  2. ☐ Male

G. Are you married? (check one);

1. ☐ Yes
2. ☐ No

H. How many children do you have who are under the age of 21? \_\_\_\_\_

I. How many of your children are currently enrolled in the Medicaid program? \_\_\_\_\_

J. How many of your children are currently enrolled in the Children's Health Insurance Program (CHIP)? \_\_\_\_\_ (For information about enrolling in CHIP, please call 1-877-543-7669)

K. Have you ever been or are you currently enrolled in the Temporary Assistance for Needy Families (TANF) program (check one)?

1. ☐ currently enrolled
2. ☐ Yes – have been enrolled in TANF in the past
3. ☐ No – have not been enrolled in TANF

L. If your employer offered health insurance at no cost to you, would you participate in the coverage (check one)?

1. ☐ Yes
2. ☐ No If not, why: \_\_\_\_\_

M. If your employer offered insurance and you were required to pay a portion of the monthly premium, how much would be willing to pay each month? (please check those that apply)

Amount Willing to Pay	Self	Self & Spouse	Self & Children	Family Coverage
\$ 1.00 - \$10.00 per month				
\$11.00 - \$20.00 per month				
\$21.00 - \$30.00 per month				
\$31.00 - \$40.00 per month				
\$41.00 - \$50.00 per month				
\$51.00 - \$100.00 per month				
\$101.00 - \$150.00 per month				
\$151.00 - \$200.00 per month				
more than \$200.00 per month				

N. If your employer offered insurance would you be interested in covering your spouse and children (check one)?

1. ☐ No
2. ☐ Yes, my spouse only
3. ☐ Yes, my spouse and children
4. ☐ Yes, my children only

- O. What is your total annual family income?
1. \_\_\_\_\_ Under \$24,000.00 per year
  2. \_\_\_\_\_ \$24,001.00 to 35,000.00 per year
  3. \_\_\_\_\_ \$35,001.00 – 50,000.00 per year
  4. \_\_\_\_\_ \$50,001.00 or more per year
- P. What is the name of the agency where you work? \_\_\_\_\_
- Q. How many hours per week do you work (average) for this employer?
1. \_\_\_\_\_ 40 or more
  2. \_\_\_\_\_ 30 -39
  3. \_\_\_\_\_ 20-29
  4. \_\_\_\_\_ 10 to 20
  5. \_\_\_\_\_ 1 to 10
- R. How long have you worked for this employer providing direct care services to consumers? \_\_\_\_\_
- S. What is your job title:
- |                             |       |
|-----------------------------|-------|
| Habilitation Aide           | _____ |
| Homemaker                   | _____ |
| Respite Care                | _____ |
| Specially Trained Attendant | _____ |
| LPN                         | _____ |
| RN                          | _____ |
| Home Health/Hospice Aide    | _____ |
| Therapy (OT, ST,PT)         | _____ |
| Other: Identify             | _____ |
- T. If you are now working part-time as a direct care worker and you had to work an average of 20 or more hours per week in order to be eligible for health insurance through your employer, would you try to work more hours so you could get the health insurance? (please check one)
1. Yes, I would try to work 20 or more hours per week so I could get health insurance \_\_\_\_\_
  2. No, I won't be able to work 20 or more hours per week \_\_\_\_\_
  3. I already work more than 20 hours per week most of the time. \_\_\_\_\_
- U. If you are now working part-time as a direct care worker and you had to work an average of 30 or more hours per week in order to be eligible for health insurance through your employer, would you try to work more hours so you could get the health insurance? (please check one)
1. Yes, I would try to work 30 or more hours per week so I could get health insurance \_\_\_\_\_
  2. No, I won't be able to work 30 or more hours per week \_\_\_\_\_
  3. I already work more than 30 hours per week most of the time. \_\_\_\_\_

V. How important do you think it is that the employers that provide Medicaid direct care services be able to offer health insurance to their employees such as you and the others that provide these direct care services. (please check one)

1. Extremely important \_\_\_\_\_
2. Very important \_\_\_\_\_
3. Somewhat important \_\_\_\_\_
4. Not that important \_\_\_\_\_
5. Not important at all \_\_\_\_\_

W. Comment section (feel free to write in your thoughts or comments on this Healthcare Issue for Direct Care Workers):

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THANK YOU FOR YOUR TIME IN COMPLETING THIS SURVEY

Remember to return this survey by June 23, 2008!

Please fax your survey responses to 444-7743;

or return it to your employer for mailing back to the Department;

or by email to [rhoman@mt.gov](mailto:rhoman@mt.gov)

or mail to: DPHHS  
SLTC  
Attn: Robin Homan  
PO Box 4210  
Helena, MT 59604

Any questions should be directed to Robin Homan at 444-4131.

**PROGRAM SURVEY**  
**COMPARISONS**  
**DATA AND GRAPHS**

# XVI

## **PROGRAM SURVEY COMPARISONS** **DATA AND GRAPHS**

*Does your facility offer employer-sponsored health insurance to your employees who directly provide Medicaid funded direct care services?*

PROVIDER RESPONSES	DDP	AMDD	SLTC - NF	SLTC -CBS
YES	91.30%	100.00%	98.28%	85.00%

*If yes, how many of your facility's employees, that directly provide direct care services, are covered under your employer sponsored insurance?*

PROVIDER RESPONSES	DDP	AMDD	SLTC - NF	SLTC -CBS
% OF WORKERS COVERED	91.00%	5.00%	35.60%	57.00%

*Percentage of Facility/Agency funding from Medicaid?*

PROVIDER RESPONSES	DDP	AMDD	SLTC - NF	SLTC -CBS
	71%	75.5%	61%	12.99%

### *Workers Hours*

PROVIDER RESPONSES	DDP	AMDD	SLTC - NF	SLTC -CBS
40+ HOURS		86.61%	47.52%	42.27%
30-39 HOURS	*	3.58%	25.06%	24.96%
20-29 HOURS		0.89%	13.51%	16.79%
10 -19 HOURS		4.46%	5.11%	6.57%
< 10 HOURS		4.46%	8.80%	9.41%

\* 77% WORKED > 30 HOURS; 23% WORKED < 30 HOURS

*Some providers have expressed an interest in developing an insurance "Purchasing Pool" made up of agencies that provide direct health care, in order to lower the cost of monthly premiums.*

*Would you be interested in participating in such a pool?*

PROVIDER RESPONSES	DDP	AMDD	SLTC - NF	SLTC -CBS	TOTAL
SUPPORT	12 (55%)	1 (50%)	39 (67%)	10 (48%)	62 (38%)
DO NOT SUPPORT	1 (5%)	1 (50%)	19 (33%)	11 (52%)	94 (57%)
NEED MORE INFORMATION	9 (40%)	0	0	0	9 (5%)

*Given your current understanding of the Department's study to look at funding for health insurance for workers who deliver Medicaid direct care services, which of the following best describes your facility's opinion of the proposal*

PROVIDER RESPONSES	DDP	AMDD	SLTC - NF	SLTC -CBS	TOTAL
STRONGLY OPPOSE	0	0	1 (2%)	0	1 (1%)
OPPOSE	0	0	2 (3%)	1 (5%)	3 (3%)
NEUTRAL	4 (19%)	0	23 (40%)	10 (48%)	37 (36%)
SUPPORT	7 (33%)	2 (100%)	17 (29%)	3 (14%)	29 (28%)
STRONGLY SUPPORT	10 (48%)	0	11 (19%)	2 (10%)	23 (23%)
NA	0	0	4 (7%)	5 (23%)	9 (9%)

*EMPLOYEE ONLY COVERAGE and the average employer cost and employee cost for that coverage per employee.*

PROVIDER RESPONSES	DDP	AMDD	SLTC - NF	SLTC -CBS
EMPLOYER COST	\$353.03	\$305.00	\$335.00	\$387.00
EMPLOYEE COST	\$404.77	\$156.00	\$142.00	\$55.00
TOTAL PREMIUM	\$757.80	\$461.00	\$477.00	\$442.00

*Percentage of employees who have Insurance with type of coverage*

PROVIDER RESPONSES	DDP	AMDD	SLTC - NF	SLTC -CBS
EMPLOYEE ONLY COVERAGE	92.00%	54.00%	74.00%	51.00%
EMPLOYEE AND SPOUSE COVERAGE	5.00%	31.00%	11.00%	19.00%
EMPLOYEE AND CHILDREN	0.00%	0.00%	8.00%	15.00%
EMPLOYEE AND FAMILY COVERAGE	3.00%	15.00%	7.00%	15.00%

*Number of workers who responded to survey*

WORKER RESPONSES	DDP	AMDD	SLTC - NF	SLTC -CBS	TOTAL
WORKERS RESPONDED	406	37	1558	251	2252

*Do you currently have health insurance for yourself?*

WORKER RESPONSES	DDP	AMDD	SLTC - NF	SLTC -CBS
YES	69.00%	38.00%	73.00%	77.00%

*If you do have health insurance, what is the source of your coverage?*

WORKER RESPONSES	DDP	AMDD	SLTC - NF	SLTC -CBS
COVERED BY EMPLOYER	71.28%	69.00%	72.16%	59.00%
COVERED BY SPOUSE	12.41%	20.00%	12.39%	19.00%
COVERED BY MEDICAID	3.19%	0.00%	1.48%	7.00%
OTHER	13.12%	11.00%	13.97%	15.00%

*AGE OF RESPONDANTS*

WORKER RESPONSES	DDP	AMDD	SLTC - NF	SLTC -CBS	AVERAGE
AGE OF WORKER					
<20	2.02%	0 %	2.59%	1.62%	1.56%
20 – 24	14.61%	13.33%	8.42%	10.16%	11.63%
25 – 29	11.34%	30%	7.36%	4.88%	13.40%
30 – 34	12.34%	10%	8.69%	4.07%	8.78%
35 – 39	9.82%	3.34%	7.49%	8.94%	7.40%
40 – 44	11.59%	10%	11.41%	6.91%	9.98%
45 – 49	13.60%	13.33%	12.66%	10.57%	12.53%
50 – 54	9.07%	10%	16.25%	17.89%	13.30%
55 – 59	10.08%	10%	12.14%	16.67%	12.22%
60+	5.54%	0%	12.99%	18.29%	9.18%
AVERAGE AGE	40	37	44	47	42
OLDEST	77	60	87	82	76.5
YOUNGEST	18	20	15	18	17.75

*GENDER OF RESPONDANTS*

WORKER RESPONSES	DDP	AMDD	SLTC - NF	SLTC -CBS	AVERAGE
FEMALE	78%	76%	88%	88%	82.5%
MALE	22%	24%	12%	12%	17.5%

*MARRIED STATUS OF RESPONDENTS*

WORKER RESPONSES	DDP	AMDD	SLTC - NF	SLTC -CBS	AVERAGE
MARRIED - YES	42.14%	44.44%	56.89%	56.40%	49.96%
MARRIED - NO	57.86%	55.56%	43.11%	43.60%	50.03%

*How many children do you have who are under the age of 21?*

WORKER RESPONSES	DDP	AMDD	SLTC - NF	SLTC -CBS	TOTAL
CHILDREN UNDER 21	397	27	641	90	1155

*How many of your children are currently enrolled in the Medicaid program?*

WORKER RESPONSES	DDP	AMDD	SLTC - NF	SLTC -CBS	TOTAL
CHILDREN WITH MEDICAID	88	8	129	31	256

*How many of your children are currently enrolled in the Children's Health Insurance Program (CHIP)?*

WORKER RESPONSES	DDP	AMDD	SLTC - NF	SLTC -CBS	TOTAL
CHILDREN IN CHIP	64	4	63	6	137

*Have you ever been or are you currently enrolled in the Temporary Assistance for Needy Families (TANF) program*

WORKER RESPONSES	DDP	AMDD	SLTC - NF	SLTC -CBS	TOTAL
EVER ACCESSED TANF	47	1	5	1	54

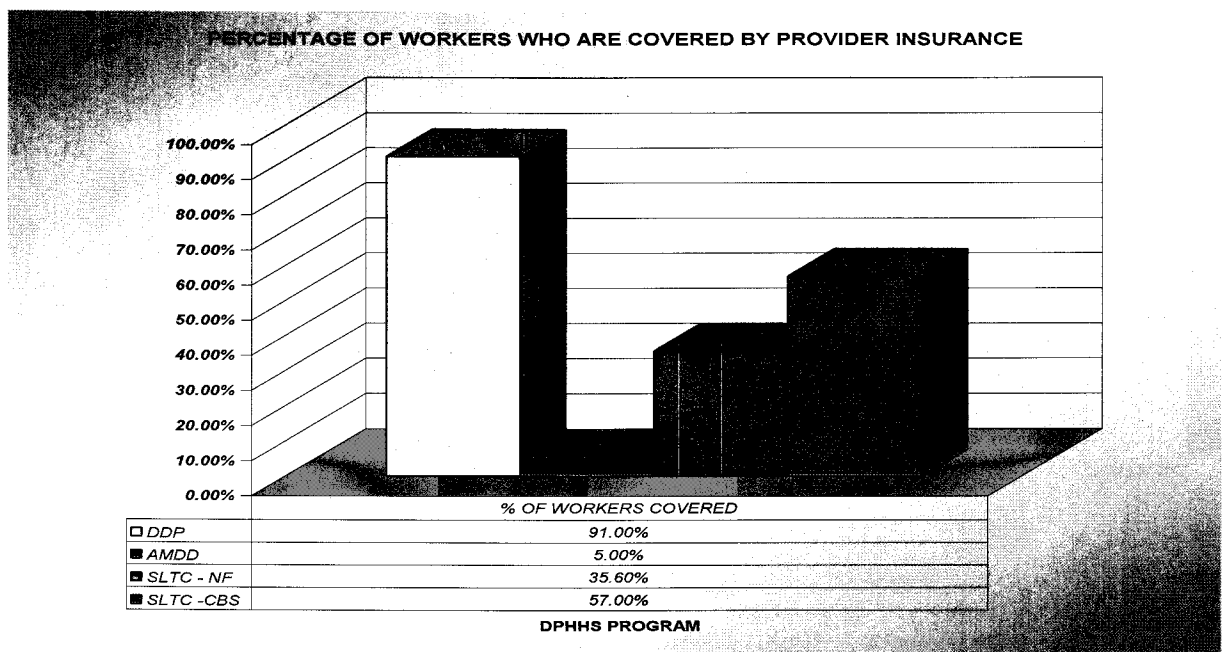
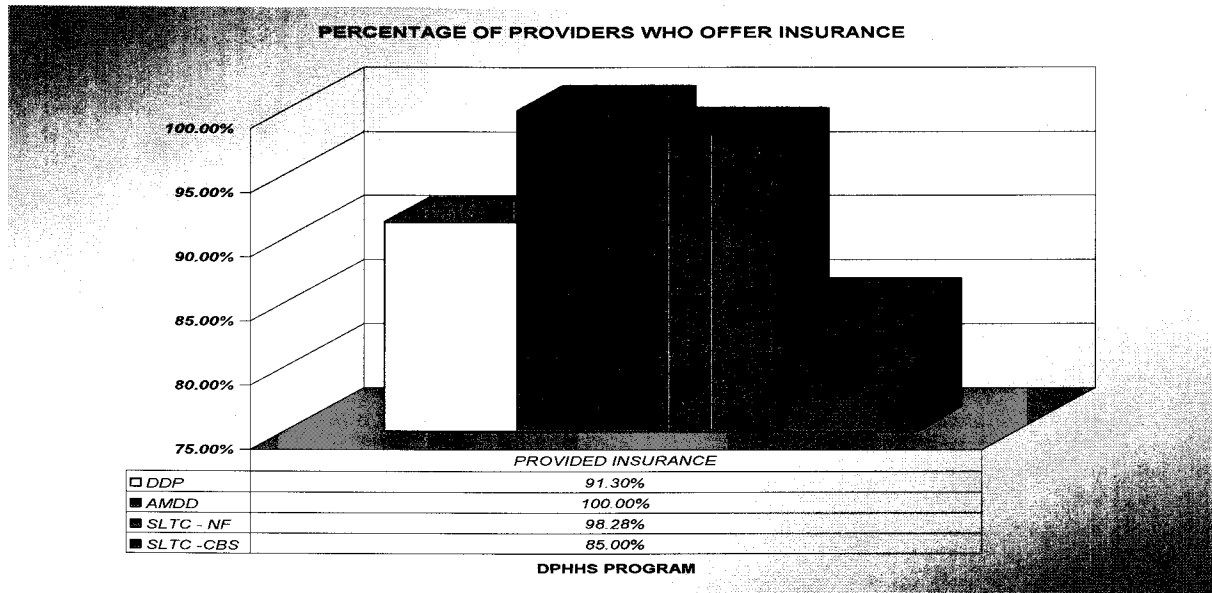
*If your employer offered health insurance at no cost to you, would you participate in the coverage (check one)?*

WORKER RESPONSES	DDP	AMDD	SLTC - NF	SLTC -CBS	AVERAGE
PARTICIPATE IN INSURANCE IF FREE	89%	97%	92%	89%	91.75%

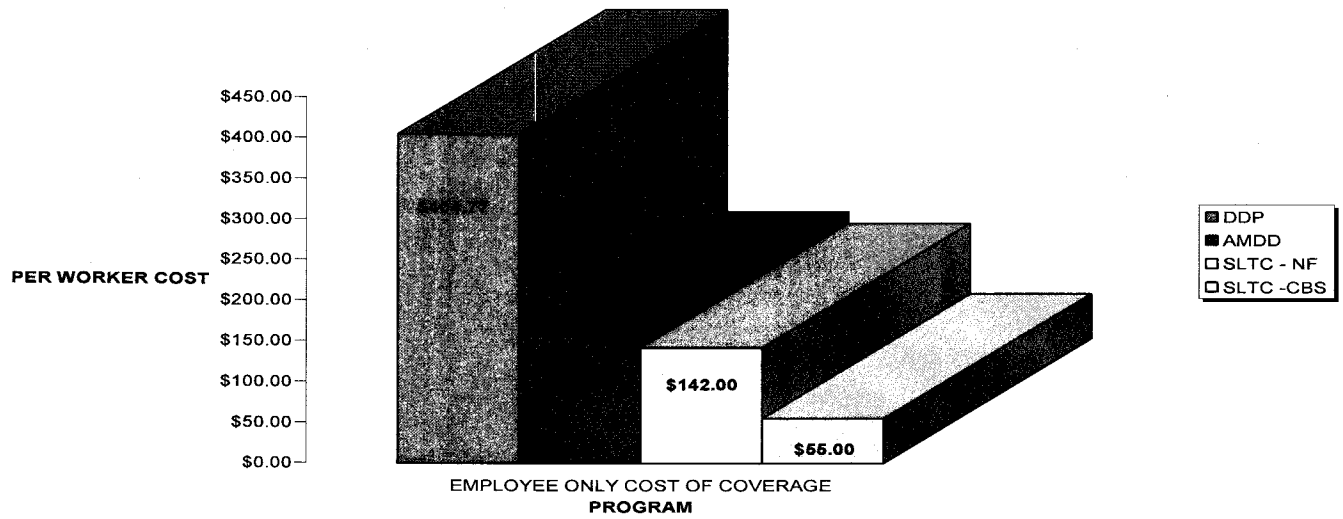
*Family Income*

WORKER RESPONSES	DDP	AMDD	SLTC - NF	SLTC -CBS	AVERAGE
< 24K		27.28%	35.66%	34.55%	32.5%
\$24K - \$35K	*	30.30%	23.70%	22.73%	25.58%
\$35K - \$50K		30.30%	20.07%	17.72%	22.70%
> \$50K		12.12%	20.57%	25%	19.23%

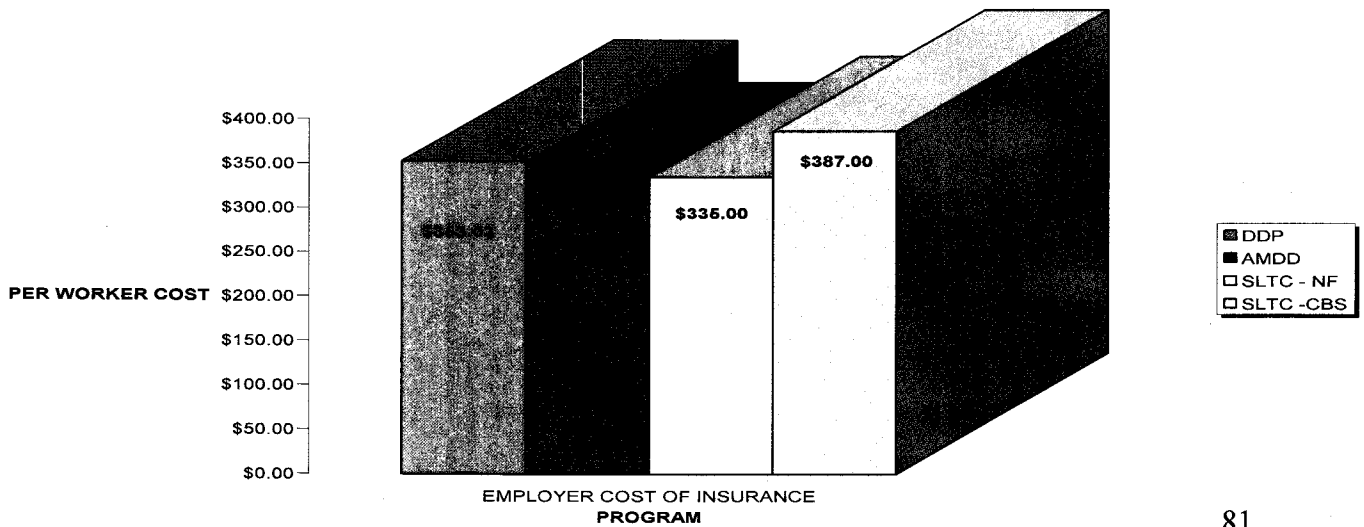
- 61% reported income under 30K and 39% over 30K



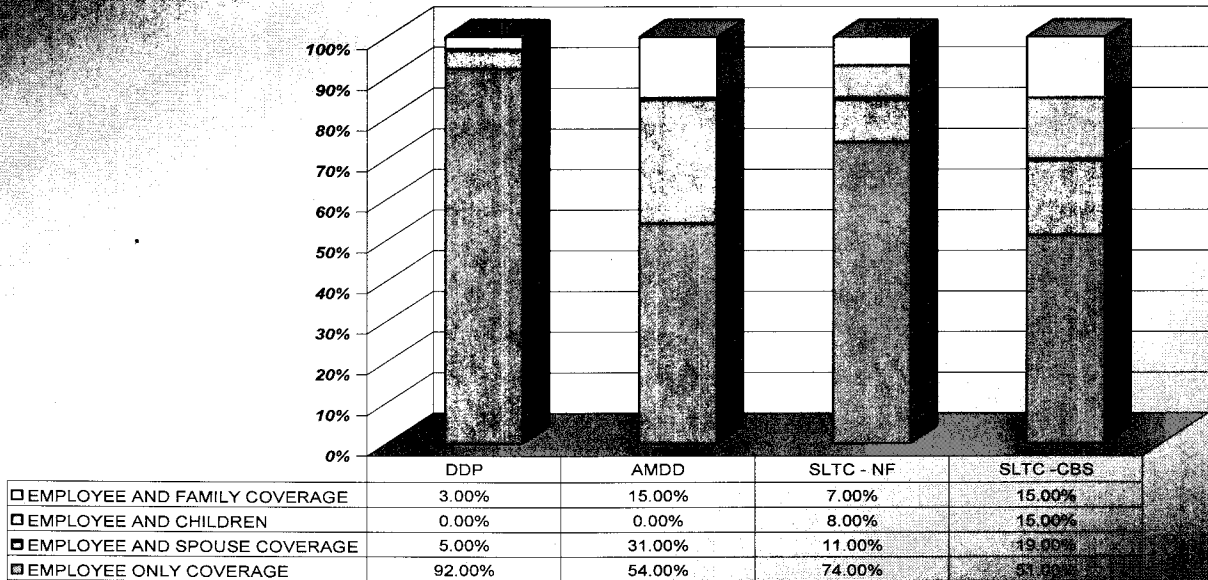
# EMPLOYEE COST OF INSURANCE - EMPLOYEE ONLY COVERAGE



# EMPLOYER COST OF INSURANCE

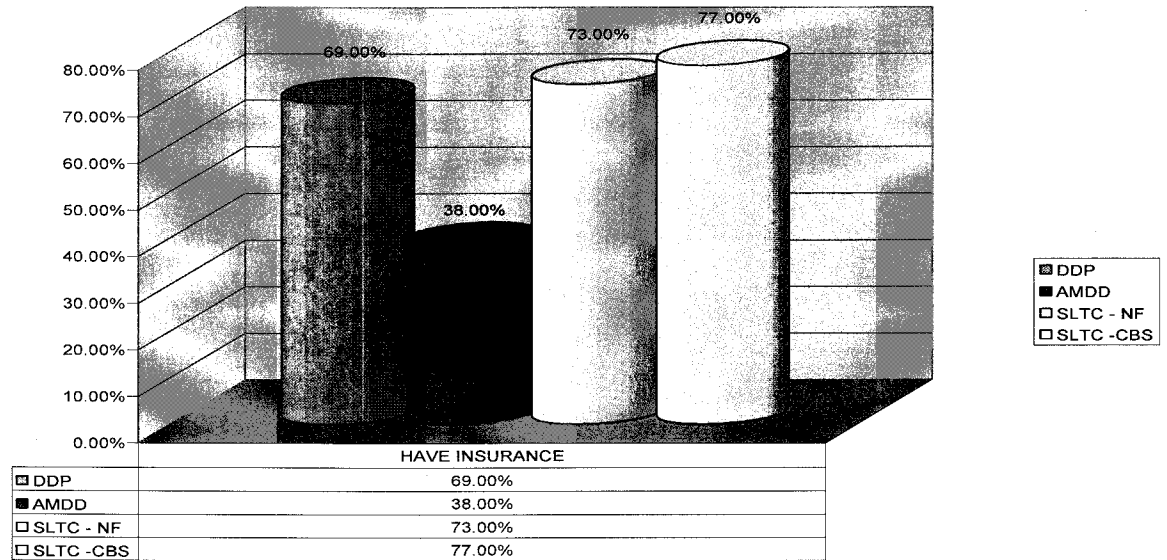


# PROVIDER SURVEY: PERCENTAGE OF TYPE OF INSURANCE COVERAGE



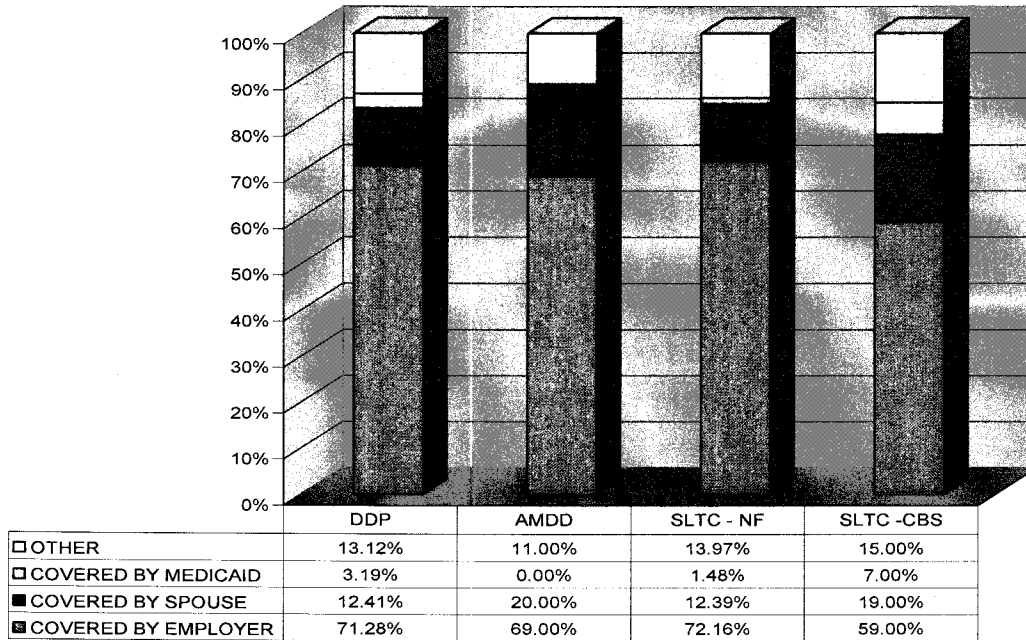
DPHHS PROGRAM

## PERCENTAGE OF WORKERS WHO REPORT HAVING INSURANCE



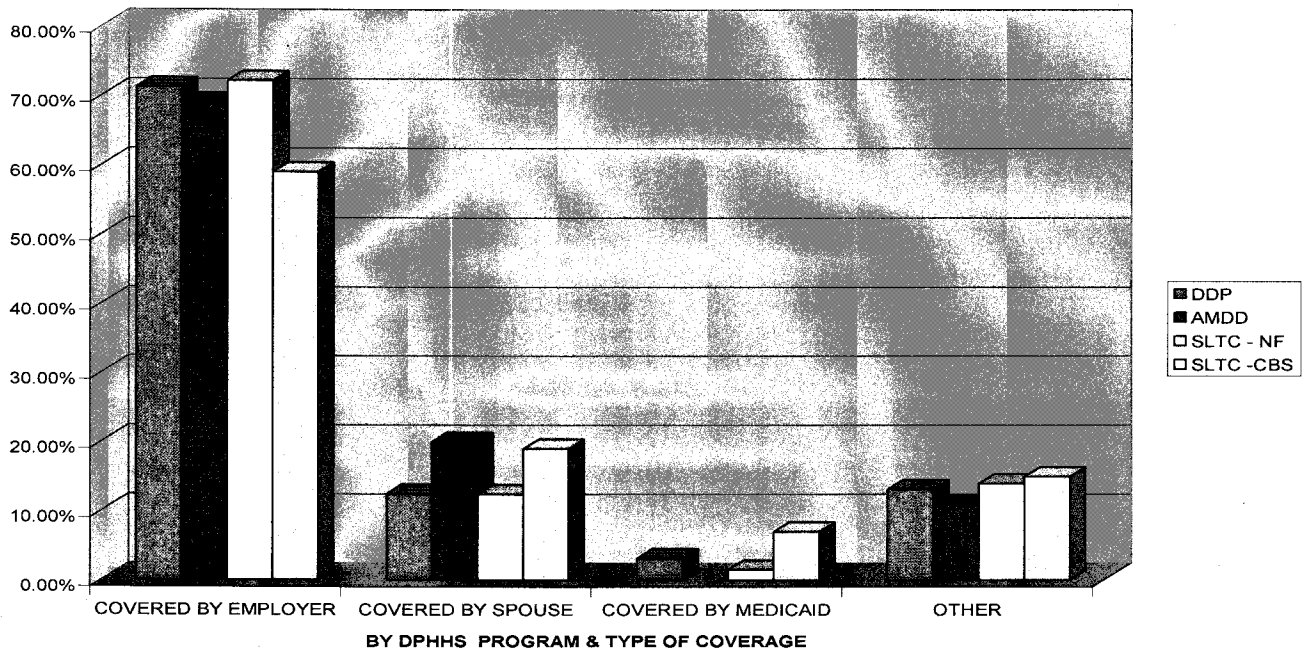
DPHHS PROGRAM

# WORKER SURVEY: PERCENTAGE OF INSURANCE COVERAGE SOURCE

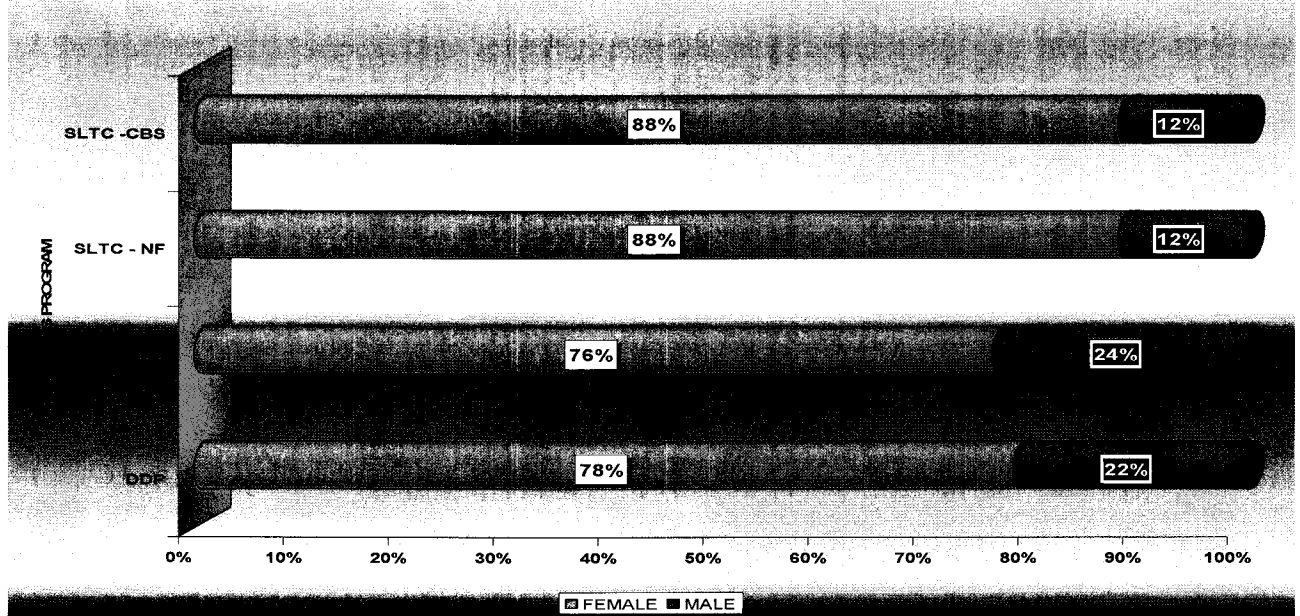


BY DPHHS PROGRAM & SOURCE OF COVERAGE

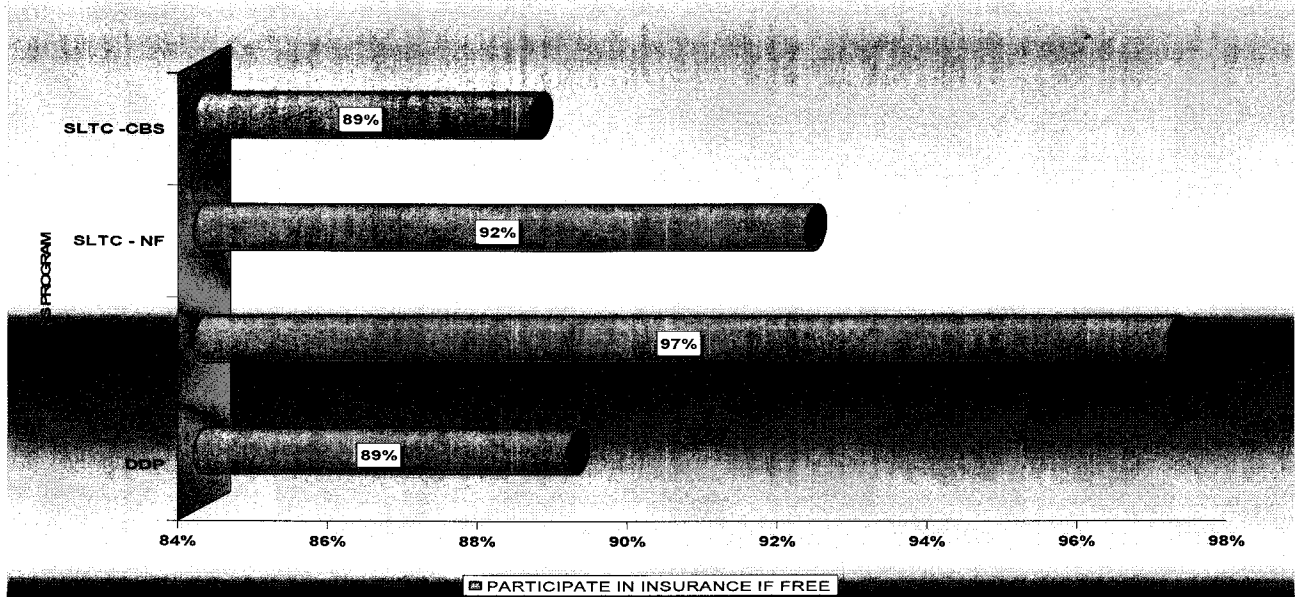
## TYPE OF COVERAGE

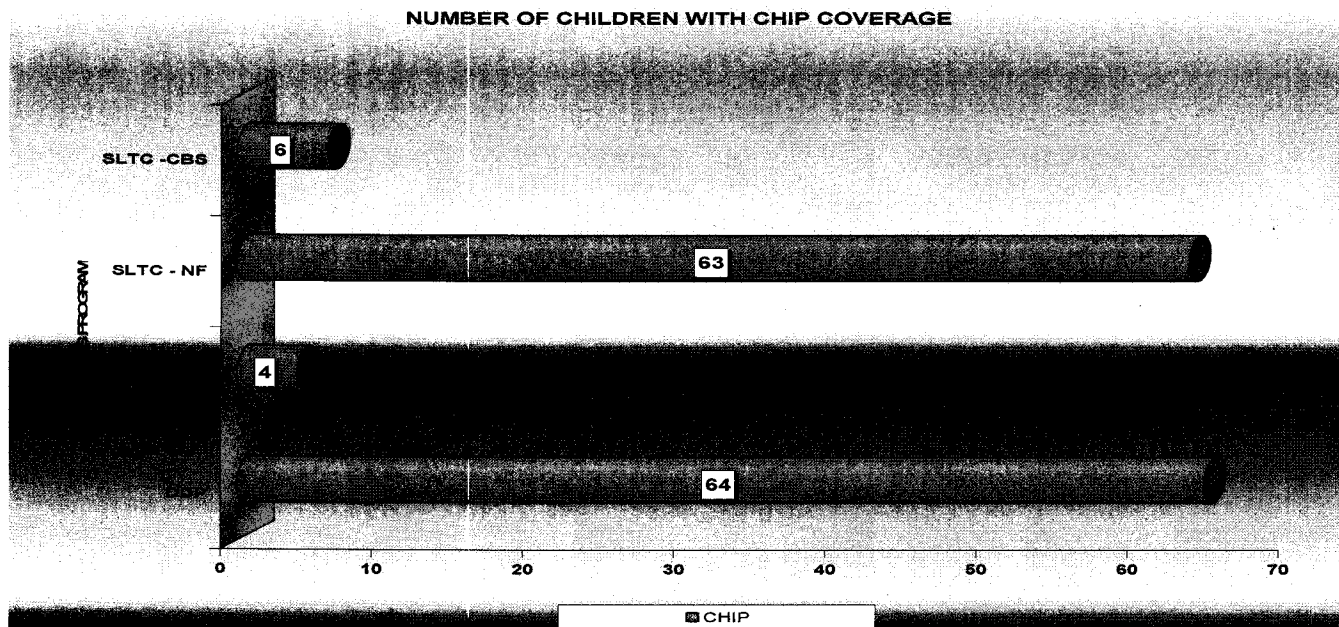
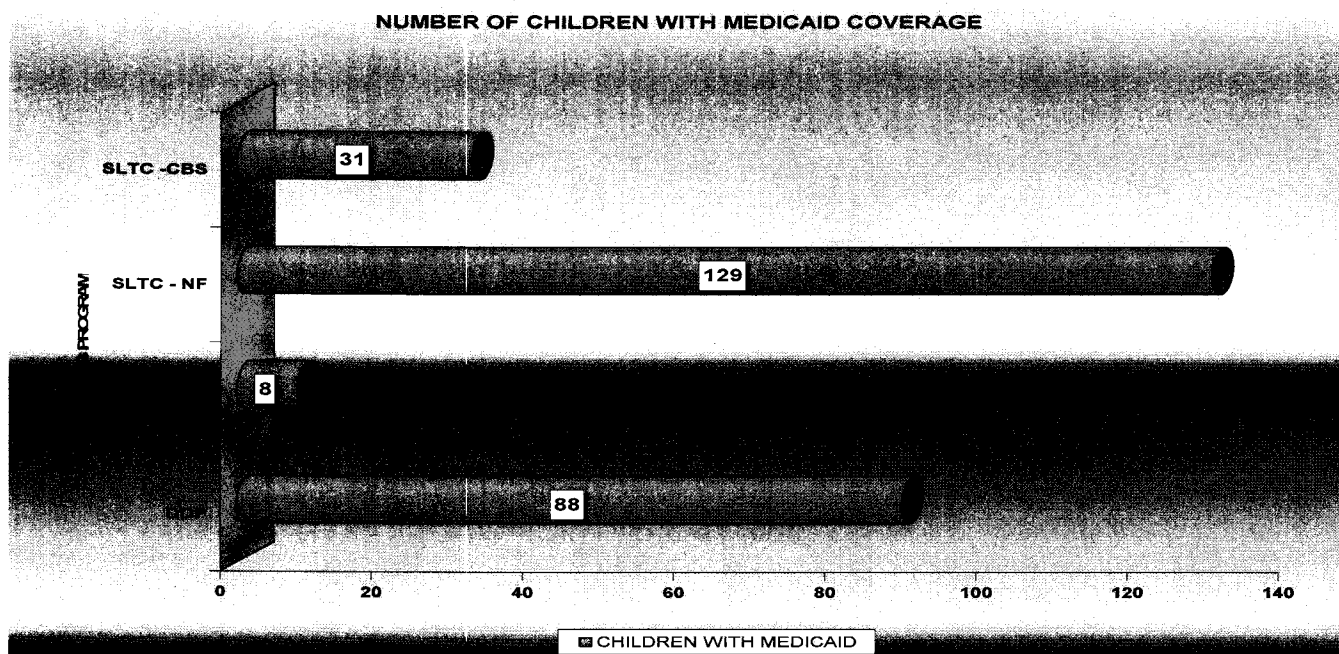


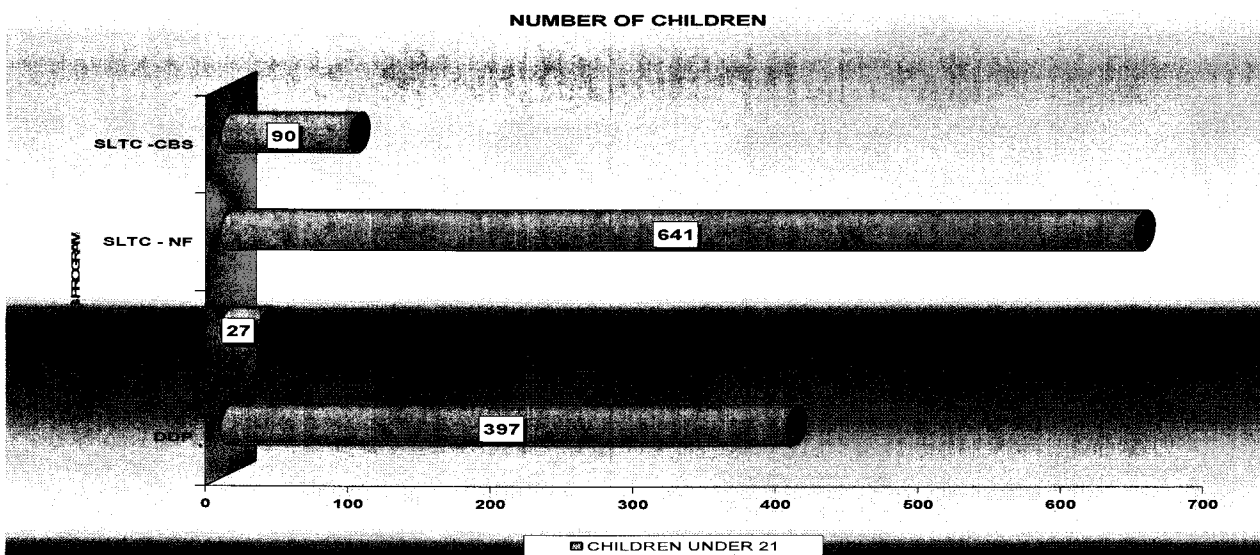
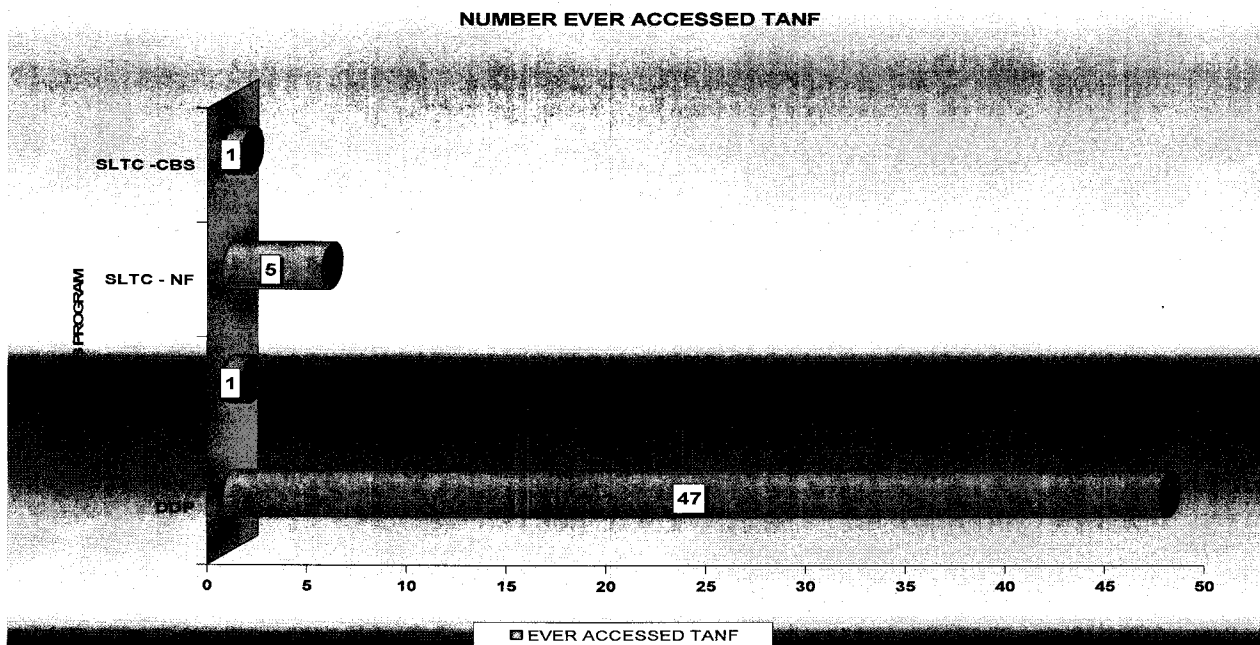
# PERCENTAGE OF FEMALE & MALE WORKERS



## PARTICIPATE IN INSURANCE IF FREE







***HEALTH CARE FOR  
HEALTH CARE WORKERS***

***FUNDING AND PROGRAM  
IMPLEMENTATION***

## **XVII**

# **HOUSE BILL 2 FUNDING OF HEALTH CARE WORKERS**

### **Health Care for Health Care Workers Insurance Program**

The 2007 legislative session allocated \$2.5 million through House Bill 2 to reimburse Medicaid personal assistance and private duty nursing agencies that provide health insurance coverage to their direct care workers as part of a pilot program under SB206. Funding was available beginning January 1, 2009 for this insurance program.

### **History**

The Senior and Long Term Care Division began gathering information regarding this health insurance proposal in 2006 prior to the legislative session. Many individuals, agencies, and representatives participated in a work group that developed the information that was used as background for this proposal and completed surveys to facilitate the development of the health care proposal and projected cost of providing health insurance to direct care workers.

Based on a 2006 survey of 800 direct care workers the following information on who this insurance would target was gathered: 87% are women, the average age is 45, the age range of workers is 15-89 years of age, 21% are married with children, 22% are single with children, 57% are adults without children, and more than 60% are uninsured currently.

### **Funding**

The 2007 Montana legislature approved funding of approximately \$2.5 million through House Bill 2 to implement provider rate increases for agencies that deliver Medicaid personal assistance and private duty nursing services when those agencies provide their care workers with health insurance coverage that meets defined criteria. Funding is available beginning January 1, 2009 for the insurance program.

There are approximately 45 Medicaid enrolled agencies that employee between 5-200 direct care workers that could qualify for this health insurance funding.

The funding appropriation of \$2.5 million is estimated to cover approximately 900 workers with insurance coverage with an insurance product having a premium cost of \$450 per month.

### **Health Care for Health Care Workers Work Group**

Many individuals indicated an interest in continuing to work with the Department to discuss the implementation of the health insurance for health care workers initiative. The Department organized the Health Care for Health Care Workers Work Group, comprised of Personal Assistance and Private Duty Nursing agency representatives, stakeholders from the Department, the Insurance Commissioners Office, and various concerned individuals.

The Group has been meeting since January 2008, to establish benchmarks for health insurance coverage and discuss the distribution policy for the allocation of funds. As part of those meetings there have been numerous presentations and discussions involving insurers, the insurance commissioner's office, and other groups that offer health plans or insurance options.

### **Meeting Schedule:**

Thursday, January 17 1:00-4:00

Topics: Regroup- Review study, review SB 206, review funding allocation, overview of future meetings and tasks

Thursday, February 28 1:00-4:00

Topics: Insurance package- Health Insurance Commission and health insurance agency representatives review plans, establish plan standards

Thursday, March 20 1:00-4:00

Topics: Fund allocation and distribution methodology

Thursday, April 17 1:00-4:00

Topics: Reporting and Documenting requirements

Wednesday, June 25, 9:00-4:30,

Topics: feedback on benchmarks and distribution methodology; data on the nature of workforce as it relates to determining worker eligibility; and information from provider human resources or legal staff on the classification process for eligibility.

### **Health Care for Health Care Worker Implementation Summary**

Effective January 1, 2009 seventeen (17) Medicaid personal assistance and private duty nursing providers are offering comprehensive health insurance

coverage to their workers, including dental coverage, with the health care for health care worker funding allocated in House Bills 2 during the 2007 legislative session. Thus far, seven hundred forty-seven (747) workers across the state have enrolled in their agency's health insurance plan. A few agencies were unable to begin coverage on January 1, but intend to participate in future months.

Participating agencies were required to offer a health insurance plan that met specific benchmark standards established by the Department and to stay within a \$450 monthly premium level limit. A few agencies were unable to receive health insurance quotes at that cost, thus the Department agreed to waive the \$450 monthly level in certain circumstances so long as the agency was able to stay within their overall funding allocation and justify a need for an increase beyond the \$450 premium level. All of the participating agencies were able to offer health insurance plans that met a majority, if not all, of the Department's benchmark standards.

The range of the total monthly health insurance premium cost is \$355-\$879. The range of the share of the total premium cost that the Division reimburses is \$188-\$547. A majority of agencies are being reimbursed by the Division \$450/month for health insurance premiums. Only three agencies had to exceed the \$450 threshold to access a comprehensive health insurance plan. Two agencies requested a waiver of the \$450 reimbursement limit and the third agency supplemented the premium cost with their own funds. Premium cost varied by agency depending upon factors such as the size of the eligible workforce and the health history of the eligible workers.

The monthly premium for which an employee is responsible ranges from \$0-\$25 per month. A majority of the agency's workers pay a \$25/month insurance premium.

Most of the participating agencies were able to establish eligibility criteria for health insurance coverage at 20 hours per week. The range of hours a worker must work to be eligible for health insurance coverage is 20-30 hours per week, depending upon the agency.

It is important to note that the House Bill 2 health care for health care worker funding allocation was directed toward Medicaid agency personal assistance and private duty nursing workers. Many of these agencies also employ direct care workers who provide Medicaid home and community based services, specifically habilitation aide. Unfortunately, this group of workers was not included in the funding allocation. Thus, Medicaid providers have been unable to offer this segment of their workforce with health insurance coverage. There are approximately 89 habilitation aide workers. Approximately 20 habilitation aide workers would qualify for health insurance. The total cost of covering these workers would be \$9,000/month or \$108,000 per year. One important lesson learned from the implementation of the health care for health care worker allocation is that it is important to include all of the long-term direct care workers who work for a Medicaid agency in future funding allocations. This would alleviate the problem of offering benefits to some direct care workers while excluding others.

**Web Site Postings:**

All information related to HCHCW initiative can be found at these websites.

<http://www.dphhs.mt.gov/sltc/aboutsltc/whatsnew/HealthCareWorkers.shtml>

<http://www.dphhs.mt.gov/sltc/services/communityservices/index.shtml>

# ***ATTACHMENTS***

## ***XVIII***

### **ATTACHMENTS**

The following represent materials that were developed by the workgroup to implement funding in HB2.

ATTACHMENT	PAGE
↓ Health Care for Direct Care Workers Application 1	96
↓ Medicaid Community Services Bureau Application 2	98
↓ Health Insurance Benchmarks Final Draft	103
↓ Q&A summary for the Health Insurance Project	105
↓ Tips for finding the correct Health Care Insurance	107
↓ Health Insurance Allocation and Distribution Methodology	109
↓ Health Care for Direct Care Workers Application 1 Report	110
↓ Survey Reports – Nursing Facility Services & Community Based Services	112

**HEALTH CARE FOR HEALTH CARE WORKERS**  
**Senior Long Term Care Division**  
**Medicaid Community Services Bureau**  
**Application 1**

**EXPLANATION AND INSTRUCTIONS**

**Intent:** The 2007 Montana Legislature approved funding of approximately \$2.5 million through House Bill 2 to implement provider rate increases for agencies that deliver Medicaid personal assistance and private duty nursing services when those agencies provide their direct care employees with health insurance coverage that meets defined criteria. Funding is available beginning January 1, 2009 for this insurance program. Funds must be used to cover health insurance premiums for eligible workers receiving health insurance coverage that meets the Department of Public Health and Human Services' benchmark standards.

**Health Insurance Plan Benchmarks:** The Department is not offering a health insurance plan. Rather, the state is establishing benchmarks that an insurance plan must meet in order to receive the health care for health care worker funds. An agency must sign an agreement that the insurance plan they offer meets the benchmark standards set forth in the Department's application.

**Worker Eligibility:** Eligibility is set by the Department and the agency. Each agency will define the eligibility criteria for the number of hours a worker must work to receive insurance coverage. The Department will define eligibility as it pertains to the type of worker who is eligible to receive the health care for health care worker funding. The Department will only provide the funds for workers who work a majority of their time in Medicaid personal assistance and/or Medicaid private duty nursing services. The Department will provide a 90-day grace period for eligibility. If a worker is not able to meet the eligibility criteria after 90 days the worker will no longer be eligible to receive health care for health care worker funds. Agencies will be required to report on worker eligibility to remain eligible for the funding.

**Distribution Methodology:** The Department will provide a monthly gross adjustment to be used only for health insurance coverage to Medicaid enrolled personal assistance and private duty nursing providers who submit an approved application. The department will determine the monthly adjustment, commencing January 1, 2009, as a share of appropriated funds allocated for health care worker health insurance coverage. The gross adjustment will be in addition to the negotiated Medicaid rate that is established for each provider.

**Monthly Gross Adjustment:** The amount of the monthly gross adjustment an agency is eligible to receive is related to the portion of Medicaid personal assistance, self-direct personal assistance, HCBS personal assistance, and private duty nursing units an agency provides and the number of eligible workers the agency covers with health insurance, with a maximum adjustment of up to \$450/month per worker. An agency that already provides health insurance coverage to eligible workers may receive health care for health care worker funds. The amount of funding per eligible worker will be adjusted to account for the increased cost associated with meeting the Department's benchmark standards. Information on an agency's current insurance plan must be reported in the initial application, Application 1: Agency's Current Insurance Plan. The final negotiated maximum monthly gross adjustment amount will be determined once an agency submits their final application, Application 2.

The amount that the department determines payable to each agency as specified in the above paragraph will be final. No adjustments will be made in the payment amount to account for subsequent changes or adjustments in utilization data or for any other purpose, except that amounts paid are subject to recovery if the agency fails to maintain the required records or to spend the funds in the manner specified in the request.

**Request for Funding:** To receive Health Care for Health Care Worker funds, a Medicaid personal assistance or private duty nursing agency must submit two applications for Department approval. The initial application, Application 1, indicates the agency's intent to participate and receive health care for health care worker funds. Application 1 includes the following: a signed copy of the Health Care for Health Care Worker Agency Intent to Participate, the Agency's Current Insurance Plan, and the Agency Utilization Report for FY08 by Service Type (see reverse side). Each agency must complete and submit Application 1 to the Department on or before July 25, 2008 to be eligible to receive funds for health care for health care workers beginning January 1, 2009.

Once the Department receives the initial application an approval letter will be sent to the agency to notify them of initial approval and provide the agency with the maximum monthly allocation they may receive to insure eligible workers.

The second application, Application 2, must be completed before the agency is eligible to receive monthly gross adjustments. Application 2 should be submitted once an agency selects an insurance plan and defines the pool of eligible workers. The second application includes the Certification Agreement, the Insurance Plan Agreement Form, and the Insurance Plan Eligibility and Cost Form. Application 2 must be submitted to the Department by December 1, 2008.

If the Department does not approve a request, it will return the request to the agency with a statement of the reason for disapproval. The agency will then have a limited time within which to provide justification for its proposed use of the funds. Regardless of whether the cost of a proposal approved by the Department exceeds the amount of funds payable to that agency, the Department will not be obligated to and will not reimburse the agency any more than specified.

An electronic copy of the application material can be found on the web at:  
<http://www.dphhs.mt.gov/slc/services/communityservices/HCWorkers/Index.shtml>

**Agency Participation:** An agency that does not submit a qualifying application for use of the funds distributed under this program as requested by the Department within the time established by the Department, or an agency that does not wish to participate in this additional funding amount, shall not be entitled to their share of the funds.

**Records and Documentation:** An agency that receives funds under this program must maintain appropriate records documenting the expenditure of the funds. This documentation must be maintained and made available to authorized governmental entities and their agents to the same extent as other required records and documentation under applicable Medicaid record requirements, including but not limited to ARM 37.40.345, 37.40.346, and 37.85.414. Reports will be requested on a semi-annual basis and as necessary. These reports will include the insurance premium monthly payment and a list of eligible covered workers.

**Fund Recovery:** Recovery will occur if an agency is unable to meet the standards outlined in the application, which includes providing health insurance coverage to eligible workers that meets the Department's benchmark standards and funding the necessary number of eligible workers with health insurance coverage.

**Effective Date:** The Department will consider health insurance coverage beginning January 1, 2009 as meeting the legislative intent for the health care for health care worker funds. The Department will not consider insurance coverage that began prior to January 1, 2009.

**Reporting Requirements:** To the extent of available appropriations, the Department shall provide documentation that these funds are used solely to provide eligible workers with a health insurance plan that meets the Department's benchmark standards. The documentation must include Application 1, which includes a signed copy of the Health Care for Health Care Worker Agency Intent to Participate, the Agency's Current Insurance Plan, and the Agency Utilization Report for FY08 by Service Type and Application 2, which includes the Certification Agreement, the Insurance Plan Agreement Form, and the Insurance Plan Eligibility and Cost Form. Agencies must submit both applications and comply with monthly reporting requirements to meet the documentation requirements for these funds.

**HEALTH CARE FOR HEALTH CARE WORKERS**  
**Senior Long Term Care Division**  
**Medicaid Community Services Bureau**  
**APPLICATION 1**

This application includes three sections, which include a signed copy of the Health Care for Health Care Worker Agency Intent to Participate, the Agency's Current Insurance Plan, and the Agency FY 08 Utilization Report.

**Section 1 HEALTH CARE FOR HEALTH CARE WORKER INTENT TO PARTICIPATE**

Please complete the following indication and check the box that indicates whether you intend to receive health care for health care worker funding.

PROVIDER NAME \_\_\_\_\_ PROVIDER NUMBER \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

? Yes. We, the above stated agency, intend to receive funding to provide health insurance coverage to personal assistance and private duty nurse direct care workers. We intend to comply with the Department's terms and conditions as outlined in the application packet. If we decide not to participate after submitting Application 1, we will contact the Department immediately to notify them of our decision.

If yes: ? I plan to submit an insurance plan that meets the Department's Benchmarks ? I plan to request approval for an alternative plan

? No. We, the above stated agency, are opting out of the funding to provide health insurance coverage to personal assistance and private duty nurse direct care workers. We understand in opting out that we forfeit our agencies share of the funding to be distributed from January 1, 2009-June 30, 2009.

If no, there will be an opportunity for agencies to participate in FY 10. Do you anticipate that your agency will opt-in at a later date:

? Yes ? No ? Maybe

If your agency is opting out of the insurance funding please select the boxes that indicate your agencies reason for declining the funds:

? Insurance Premiums too high ? Insurance Regulations ? Funding insufficient to cover the cost to our agency

? Portion of Medicaid business too small to provide insurance ? Department benchmark's were too restrictive

? Labor laws ? Other (please describe): \_\_\_\_\_

Signature of Administrator: \_\_\_\_\_ Date: \_\_\_\_\_, 2008

Name of Administrator (please print): \_\_\_\_\_

**Section 2 AGENCY UTILIZATION REPORT FY 08**

Billing Period July 1, 2007-June 30, 2008

Personal Assistance Services (PAS)	No. of billed units	Self-Directed PAS	No. of billed units
T1019- Attendant Units		T1019 U9- Attendant Units	
T1019 TE- Nurse Supervision		T1019 U9 TE-Oversight	
T1019 UA- HCBS Units		T1019 UA- HCBS Units	
Total		Total	

Private Duty Nursing	No. of billed units	Big Sky Bonanza	No. of billed units
T1002- LPN			
T1003- RN			
T1002 U9- HCBS LPN			
T1002 UP- HCBS RN			
Total			

Does your agency anticipate a change in Medicaid utilization from FY 08 to FY 09? ? Yes ? No

**Section 3 AGENCY'S CURRENT INSURANCE PLAN**

If your agency currently provides health insurance to personal assistance and/or private duty nurse direct care workers please provide the following information:

1. Insurance Carrier: \_\_\_\_\_
2. Does your insurance plan cover: Prescription Drug: Y N Dental: Y N
3. Total Monthly Premium: \$ \_\_\_\_\_
4. Total Worker Monthly Premium: \$ \_\_\_\_\_
5. Total Agency Monthly Premium: \$ \_\_\_\_\_

PLEASE RETURN THE SIGNED AND DATED

**HEALTH CARE FOR HEALTH CARE WORKERS**  
**Senior Long Term Care Division**  
**Medicaid Community Services Bureau**  
**APPLICATION 2**

**EXPLANATION AND INSTRUCTIONS**

**Intent:** The 2007 Montana Legislature approved funding of approximately \$2.5 million through House Bill 2 to implement provider rate increases for providers that deliver Medicaid personal assistance and private duty nursing services when those providers provide their direct care employees with health insurance coverage that meets defined criteria (providers). Funding is available beginning January 1, 2009 for this insurance program (program). Funds must be used to cover health insurance premiums for eligible workers receiving health insurance coverage that meets the Department of Public Health and Human Services' benchmark standards and criteria.

**Health Insurance Plan Benchmarks:** The Department is not offering a health insurance plan. Rather, the state is establishing benchmarks that an insurance plan must meet in order to receive the health care for health care worker funds. A provider must sign an agreement that certifies the insurance plan they offer meets the benchmark standards set forth in the Department's application or that they were unable to find a plan that met the benchmark standards and are submitting an alternative plan with the necessary written justification outlined in section 3. A plan is not approved until the Department provides written notification of approval to the provider.

**Worker Eligibility:** Each provider will define the eligibility criteria for the number of hours a worker must work to receive insurance coverage. The Department will define eligibility as it pertains to the type of worker who is eligible to receive the health care for health care worker funding. The Department will only provide the funds for workers who work a majority of their time in Medicaid personal assistance or Medicaid private duty nursing services. The Department will provide a 90-day grace period for eligibility. If a worker is not able to meet the eligibility criteria after 90 days the provider will no longer be eligible to receive health care for health care worker funds to cover that worker. Providers will be required to report on worker eligibility to remain eligible for the funding.

**Distribution Methodology:** The Department will provide a monthly gross adjustment to be used only for health insurance coverage to Medicaid enrolled personal assistance and private duty nursing providers who submit an approved application. The Department will determine the monthly adjustment, commencing January 1, 2009, as a share of appropriated funds allocated for health care worker health insurance coverage. The gross adjustment will be in addition to the negotiated Medicaid rate that is established for each provider.

**Monthly Gross Adjustment:** The amount of the monthly gross adjustment a provider is eligible to receive is related to the portion of Medicaid personal assistance and private duty nursing units a provider provides and the number of eligible workers the provider covers with health insurance. The final negotiated maximum monthly gross adjustment amount will be determined once a provider submits Application 2.

The amount that the department determines payable to each provider will be final. No adjustments will be made in the payment amount to account for subsequent changes or adjustments in utilization data or for any other purpose, except that amounts paid are subject to recovery if the provider fails to maintain the required records or to spend the funds in the manner specified in the request.

**Request for Funding:** To receive Health Care for Health Care Worker funds, a provider must submit two applications for Department approval. The initial application, Application 1, indicates the provider's intent to participate in the program and receive health care for health care worker funds. The deadline for submitting Application 1 to the Department was July 25, 2008. Providers that did not submit an application by this deadline are currently not eligible to receive health insurance funds. In October, 2008 the Department sent approval letters to notify providers of the maximum monthly allocation they were eligible to receive.

The second application, Application 2, must be completed before a provider is eligible to receive monthly gross adjustments beginning January 2009. Application 2 should be submitted as soon as a provider selects an insurance plan and defines the pool of eligible workers. The second application includes four sections. Section 1 contains the Certification and Agreement; Insurance Plan Agreement Form; and the Insurance Plan Eligibility and Cost Form. Section 2 is the provider's health insurance plan benchmark comparison. Section 3 is the rationale and justification statement if a provider submits a plan that does not meet all of the Department's benchmark standards. Section 4 is an attached summary of the provider's insurance plan. **Application 2 must be submitted to the Department by December 1, 2008. However, if an provider intends to submit a health insurance plan that does not meet all of the benchmark standards the application is due no later than November 21, 2008.**

The Department will provide written approval or disapproval to providers that submit a complete Application 2 no later than December 10, 2008. If the Department does not approve a request, it will return the request to the provider with a statement of the reason for disapproval. The provider will then have a limited time within which to provide justification for its proposed use of the funds. Regardless of whether the cost of a proposal approved by the Department exceeds the amount of funds payable to that provider, the Department will not reimburse the provider any more than specified in the approval letter, which will be sent out upon receipt of Application 2.

An electronic copy of the application material can be found on the web at:  
<http://www.dphhs.mt.gov/shc/services/communityservices/HCWorkers/Index.shtml>

**Provider Participation:** A provider that does not submit a qualifying application for use of the funds distributed under this program as requested by the Department within the time established by the Department, or a provider that does not wish to participate in this additional funding amount, shall not be entitled to a share of the funds.

**Records and Documentation:** A provider that receives funds under this program must maintain appropriate records documenting the expenditure of the funds. This documentation must be maintained and made available to authorized governmental entities and their agents to the same extent as other required records and documentation under applicable Medicaid record requirements, including but not limited to ARM 37.40.345, 37.40.346, and 37.85.414. Reports will be requested on a semi-annual basis and as necessary. These reports will include the insurance premium monthly payment and a list of eligible covered workers.

**Fund Recovery:** Recovery will occur if a provider is unable to provide health insurance coverage to the targeted number of eligible workers with a plan that meets the Department's benchmark standards or an approved alternative plan.

**Effective Date:** The Department will consider health insurance coverage beginning January 1, 2009 as meeting the legislative intent for the health care for health care worker funds. The Department will not pay for insurance coverage that began prior to January 1, 2009.

**Reporting Requirements:** To the extent of available appropriations, the provider shall provide documentation that these funds are used solely to provide eligible workers with a health insurance plan that has been approved by the Department. Providers must submit both applications and comply with reporting requirements to meet the Department's criteria to remain eligible for these funds.

**Application 2- Section 1**

**HEALTH CARE FOR HEALTH CARE WORKERS  
Senior Long Term Care Division  
Medicaid Community Services Bureau**

**PROVIDER CERTIFICATION AND AGREEMENT**

By signing this request and in consideration for the payment of funds based upon this application, the community services provider named below ("Provider") represents and agrees as follows:

1. Provider certifies that statements and information included in this agreement are complete, accurate and true to the best of the undersigned provider administrator's knowledge. The Provider certifies that any funds received on the basis of this request will be used in the manner represented in this application packet to provide health insurance coverage that meets the Department's benchmark standards for eligible personal assistance and private duty nurse workers.
2. Provider agrees to the terms and conditions under which this funding is made available, as stated in this application. Provider agrees that it will make, maintain and provide to authorized governmental entities and their agents, records and documentation in accordance with the requirements specified in this agreement.
3. Provider understands that payment of funds based upon this request will be from federal and state funds, and that any false claims, statement, or documents, or concealment of material fact, may be prosecuted under applicable federal or state laws. Provider understands that the payment made based upon this application is final, that no adjustments will be made in the payment amount to account for subsequent changes in utilization, appropriation amounts, or for any other purpose, except that amounts paid are subject to recovery in the same manner as other overpayments if the provider fails to maintain the required records or to use the funds as represented in this request.
4. Provider understands that the health insurance gross adjustment may not be used to offset health insurance coverage for workers who do not meet the Department's eligibility criteria.

**Requesting Provider Identifying Information**

Provider Name: \_\_\_\_\_

Medicaid Provider #: PAS: \_\_\_\_\_ SDPAS: \_\_\_\_\_ PDN: \_\_\_\_\_

Signature of Administrator: \_\_\_\_\_ Date: \_\_\_\_\_, 2008

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**INSURANCE PLAN AGREEMENT FORM**

I, \_\_\_\_\_, representing \_\_\_\_\_  
Administrator name Provider name

have read and understand the Department's Insurance Plan Benchmark standards and I have reviewed these benchmarks with our insurance representative. To the best of my knowledge our provider has submitted an insurance plan with this application that:

? Meets or exceeds all of the Department's benchmark standards  
or

? Does not meet all of the Department's benchmark standards. Our provider was unable to find a plan that meets all of the Department's benchmark standards. Section 3 of the application includes our provider's justification and rational statement for submitting an alternative plan.

Signature of Administrator: \_\_\_\_\_ Date: \_\_\_\_\_, 2008

Name of Administrator (please print): \_\_\_\_\_

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**INSURANCE PLAN ELIGIBILITY AND COST INFORMATION**

1. Insurance Plan Carrier: \_\_\_\_\_

2. Insurance Plan Name: \_\_\_\_\_

3. Total monthly Premium: \_\_\_\_\_

4. Worker Monthly Premium: \_\_\_\_\_

5. Provider Monthly Premium: \_\_\_\_\_

6. Provider Worker Eligibility Criteria (please be specific as to worker type and minimum hours a worker must work to be eligible for insurance): \_\_\_\_\_

7. Estimated number of eligible PAS/PDN workers who meet provider eligibility criteria: \_\_\_\_\_

8. Anticipated number of eligible workers who will enroll in Plan: \_\_\_\_\_

9. Monthly gross adjustment amount requested to cover health insurance premiums (line 5 x line 8) : \_\_\_\_\_

*Note: this amount may not exceed the approved specified in the Application 1 acceptance letter*

**Application 2- Section 2**

## Application 2- Section 2

### HEALTH CARE FOR HEALTH CARE WORKERS Senior Long Term Care Division

## Medicaid Community Services Bureau

Complete this side if you plan to offer an HMO plan

Description	Benchmarks for traditional plan	Provider Plan Summary
1. Lifetime Max Benefit	\$2,000,000	
2. Deductible Maximum	\$1,000 individual \$3,000 family	
3. Coinsurance	Plan pays 70% Member pays 30%	
4. Co-Pay	\$20/visit (must include preferred provider office visits, preventive services, outpatient mental health services, chiropractic and chemical dependency services)	
5. Out-of-network coinsurance rate (applies to PPO plans)	N/A	
6. Out of pocket	\$2,500 individual \$5,000 family	
7.*Deductible waived for following services*	N/A	
8.*Preventive care*	Deductible waived and coinsurance applies (\$250 min benefit)	
9.*Enrollment*	Premium paid in prior month for effective date on first of the following month	
10.*Benefit Service List <i>Plans must include coverage for the following:</i>	Transplants (min \$500,000) DME/Medical Supplies (min \$500 per year) Chiropractic Services (min 10 visits per year)	
11. *Licensure/Statutes	Licensed in Montana (if applicable) -or- Meet Montana and federal legal requirements	
12. *Individual Premium	No greater than \$25/month	
13. *Eligibility	The first day of the month after ninety days or less consecutive employment with employer	
14. Monthly Premium Cost		

**Prescription Drug Plan**

Category	Benchmark Level	Provider Plan Summary
Deductible	\$200/ per member per year	
Coverage	Coverage for all three kinds (generic, formulary, brand name)	

**Dental Plan**

Category	Benchmark Level	Provider Plan Summary
Deductible	\$50/member \$150/family	
Minimum Maximum benefit	\$1000 per member/ year	
Coverage	Preventive and diagnostic 100% Fillings/oral surgery 80% Dentures, bridges, etc 50%	

*\* All submitted insurance plans must meet this benchmark to be eligible for health insurance for health care workers funding*

**Application 2- Section 3**  
**HEALTH CARE FOR HEALTH CARE WORKERS**  
**Senior Long Term Care Division**  
**Medicaid Community Services Bureau**

**Application process for plans that do not meet the Department's benchmark criteria:**

Section 3 must be completed if your provider is submitting an insurance plan that does not meet all of the Department's benchmark standards.

All insurance plans must meet benchmarks number 7-13. The Department will consider insurance plans that do not meet some or all other benchmark standards. A provider must submit the following documentation in order for the plan to be considered.

1. **Submit a complete Application 2 no later than November 21, 2008**
2. **Provide a premium quote and plan summary for a plan that meets the Department's benchmark summary. You may also provide quotes and plan summaries for alternative insurance plans that your provider did not select.**
3. **Provide written documentation that addresses the following:**
  - a. **Explanation for why the submitted plan was selected over other plans**
  - b. **Rationale for why the benchmarks could not be met**
  - c. **Justification for how the selected plan provides accessible and affordable insurance coverage to workers**
4. **Provide an actuarial equivalent that compares the insurance plan you have submitted against the plan outlined in the Department's benchmark standards**

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**Application 2- Section 4**

**All applications must include a copy of the insurance plan summary that the provider will provide to all of the eligible workers. Please attach your summary with the application.**

## Health Insurance Benchmarks Final Draft

Enrolled Medicaid providers will be eligible to receive additional funding for health insurance if they provide a health insurance plan that meets the following benchmarks. The Medicaid agency may offer either a traditional or HMO plan. The plan must include coverage for prescription drugs. Dental coverage is optional.

Description	Benchmarks for traditional plan	Benchmarks for HMO
<b>Lifetime Max Benefit</b>	\$2,000,000	Same as traditional
<b>Deductible Maximum</b>	\$1,000 individual \$3,000 family	Same as traditional
<b>Coinsurance</b>	Plan pays 70% Member pays 30%	Plan pays 70% Member pays 30%
<b>Co-Pay</b>	n/a	\$20/visit (must include preferred provider office visits, preventive services, outpatient mental health services, chiropractic and chemical dependency services)
<b>Out-of-network coinsurance rate (applies to PPO plans)</b>	No greater than 25% of the in and out-of-network difference	N/A
<b>Out of pocket</b>	\$2,500 individual \$5,000 family	Same as traditional
<b>Deductible waived for following services</b>	Preventive health services and first two office visits	N/A
<b>Preventive care</b>	Deductible waived and coinsurance applies (\$250 max)	Same as traditional
<b>Enrollment</b>	Premium paid in prior month for effective date on first of the following month	Same as traditional
<b>Benefit Service List</b> <i>Plans must include coverage for the following:</i>	Transplants (min \$500,000) DME/Medical Supplies (min \$500 per year) Chiropractic Services (min 10 visits per year)	Same as traditional
<b>Licensure/Statues</b>	Licensed in Montana (if applicable) -or- Meet Montana and federal legal requirements	Same as traditional
<b>Individual Premium</b>	No greater than \$25/month	Same as traditional
<b>Eligibility</b>	The first day of the month after ninety days or less consecutive employment with employer	Same as traditional

### Prescription Drug Plan

Category	Benchmark Level
<b>Deductible</b>	\$200/ per member per year
<b>Coverage</b>	Coverage for all three kinds (generic, formulary, brand name)

**Dental Plan- Optional if employer funding allows**

<b>Category</b>	<b>Benchmark Level</b>
<b>Deductible</b>	\$50/member \$150/family
<b>Minimum Maximum benefit</b>	\$1000 per member/ year
<b>Coverage</b>	Preventive and diagnostic 100% Fillings/oral surgery 80% Dentures, bridges, etc 50%

**125 Premium Cafeteria Plan- Optional and highly encouraged**

Exceptions:

The Department will consider high deductible insurance plans under the following conditions:

1. Health Savings Account (HSA)

If a Medicaid provider selects the option of a higher deductible insurance plan and opts to provide a Health Insurance Account the employer must make contributions to the account to ensure that there is money available in the account for the employee to cover prescription drugs and office visits. The Department will review these proposals prior to approval.

2. Health Reimbursement Arrangements (HRA)

If a Medicaid provider selects the option of a high deductible insurance plan they may use an HRA to fund health insurance that brings worker insurance coverage to the benchmark standards outlined above. The Department will review these proposals prior to approval.

## **Health Insurance For Health Care Workers Frequently Asked Questions**

1. Is this an optional program?

Health Insurance for Health Care Workers is an optional program. Agencies will be able to continue to provide services and not participate in the health insurance funding. Agencies that enter into an agreement with the Department to provide insurance must use the funds for paying for insurance premiums for qualifying workers and for no other purpose.

2. What type of insurance plan will be covered? What happens if an agency already has a health insurance plan?

The Department is not offering a health insurance plan. Rather, the state is establishing benchmarks that an insurance plan must meet in order to receive the enhanced Medicaid reimbursement. If the agency's current plan meets the benchmarks the agency can access the enhanced rate and offer the current plan to their uninsured workers. If the agency's plan does not meet the benchmarks they will need to enroll in a different plan to receive the enhanced rate.

3. What type of agency is eligible to receive the health insurance coverage funding?

Agencies that provide Medicaid personal assistance services and Medicaid private duty nursing services are eligible for the funding.

4. How will employee eligibility work?

Eligibility is set by the Department and the agency. Each agency will define the eligibility criteria for the number of hours a worker must work to receive coverage. The Department will define eligibility as it pertains to the type of worker who is eligible to receive the enhanced reimbursement. The Department is still drafting worker eligibility criteria, but it will probably require that reimbursement be provided only for workers who work a majority of their time in Medicaid personal assistance or Medicaid private duty nursing services.

5. Will the enhanced reimbursement cover all newly insured workers?

Agencies will be reimbursed a set amount to cover health insurance for a specific number of workers. An agency could select to provide health insurance for all of their workers, but the Medicaid funding will only cover a specific number of workers. It is the agency's responsibility to establish worker eligibility for health insurance so the enhanced reimbursement amount covers the number of workers that are newly insured.

6. How much funding will an agency receive?

The portion of funding the agency is eligible to receive is related to the amount of service units they provide.

7. What if an agency is already providing health insurance to qualified employees?

The Department will fund insurance for newly insured workers and/or provide funding to cover an agency's cost to bring their insurance coverage up to a level that meets the Department's benchmark standards.

8. How will the accounting work?

The difference in reimbursement must go to pay insurance premiums for newly insured workers and cannot be used for administrative expenses or insurance premiums for workers who do not work a majority of their time in Medicaid personal assistance or private duty nursing.

9. When will we get more information and an application packet?

The Department is still in the process of developing the rules on this initiative. The website has the most complete and current information. The website address is: <http://www.dphhs.mt.gov/sltc/services/communityservices/HCWorkers/Index.shtml>

The initial agency application, which will provide more details on agency participation requirements, will be sent to all providers in late June. An information meeting has been scheduled for Wednesday, June 25 from 9:00-4:30 in room C205-C207 of the Cogswell building located at 1400 Broadway in Helena to review the application packet.

10. Will the State offer a pooled insurance program?

No, the Department will not be organizing an insurance pool as a part of this funding initiative. Agencies are required to find their own health insurance coverage.

11. What is ERISA?

The Employee Retirement Income Security Act of 1974 (ERISA) is a federal law that sets minimum standards for most voluntarily established pension and health plans in private industry to provide protection for individuals in these plans.

There have been a number of amendments to ERISA, expanding the protections available to health benefit plan participants and beneficiaries. One important amendment, the Consolidated Omnibus Budget Reconciliation Act (COBRA), provides some workers and their families with the right to continue their health coverage for a limited time after certain events, such as the loss of a job.

It is important for agencies to consult legal and insurance advisors to make sure they comply with ERISA and other state and federal laws prior to implementing insurance coverage.

## TIPS FOR FINDING THE RIGHT HEALTH INSURANCE

*These tips are intended as suggestions and do not represent a comprehensive list*



### ✓ **Find a reputable insurance agency or representative**

1. Most agents will represent several companies so you shouldn't have to deal with several agents to get competing bids. Other than the price, find out what the agent offers to help you in administering the plan. What type of education, assistance with implementation and follow-up etc do they provide?
2. Make sure the agent understands how the plans are being funded. Provide them with the question and answers provided by the Department so they know how to legally build a plan.
3. Find out if their agency provides legal advice for the set-up and administration of this plan.

### ✓ **Be prepared and explore all your options!**

#### 1. Have the Right Information

Provide your agent with information on the Department's benchmarks and funding for the health insurance initiative. Strategize on how you can make it work for your agency. Refer them to the website for more information.

#### 2. Find the Right Coverage

- Make sure you have information about the demographics and of your organization
- Ask your agent about insurance offered through different associations  
Examples of Associations that you may be eligible for:
  - Chamber Association- Chamber Choices/Associated Merchandisers, Inc. (Theses 2 recently merged and offer more plans and put you into a larger pool)
  - Employers Association of Western Montana – (EAWM)  
(Excellent pooling and rates just reduced 7/01)

*Note: Even larger groups can get additional savings by writing inside the association.*

- Don't exclude high deductible plans. If you can't find a plan that meets the Department's benchmarks and is affordable, consider other options. Work with your agent to consider a Health Savings Account or Health Reimbursement Account matched with a high deductible plan.

## **TIPS FOR FINDING THE RIGHT HEALTH INSURANCE cont.**

*These tips are intended as suggestions and do not represent a comprehensive list*



### **✓ To classify or not to classify?**

1. Decide whether you need to classify employees into their own group to offer health insurance. Then, explore your options with your insurance agent and/or a consultant in labor and benefit laws. Questions you will need to consider before you classify include:
  - Who will be included and excluded from classification
  - What is the demographics of the workforce that will be classified
  - Will classifying these workers put the organization out of compliance with anti-discrimination or other labor laws
  - What is the potential benefit to the organization by classifying workers?
  - What is the potential risk to the organization by classifying workers?
2. Collect Relevant Information to share with your consultants (see attached Health Plan Questions)

### **✓ Educate your workers**

- 1) The education part should be shared by your agent, if not provided for by the agent/agency. Once you pick your specific plan in the fall you will need to start your education campaign.

**Health Insurance Allocation and Distribution Methodology  
Draft Form**

Total Allocation: \$2,587,806  
Start January 1, 2009

***Allocation and Distribution Methodology (example 1)***

Funding for the purposes of this example is allocated based on PAS and PDN utilization for FY 07. An agency receives funds according to the percent of PAS/PDN services they billed FY 07. For the purposes of the actual FY 09 allocation the Department will use data collected from agencies based on anticipated FY 09 utilization and FY 08 claims data.

Allocation equation:

Column a:  $\text{FY 07 Total PAS/PDN Units} / \text{Agency total billed units} = \text{Agency \% of total}$

Column b:  $\text{Agency \% of total} * \$2,587,806 = \text{Six month allocation for agency}$

Column c:  $\text{Six month allocation} / 6 = \text{monthly allocation for agency}$

Column d:  $\text{Monthly allocation} / \$450 = \text{minimum number of insured (rounded to nearest whole)}$  agency is expected to cover with the funding

*Funding will be distributed on a monthly basis as a gross adjustment to claims*

***Allocation and Distribution Methodology (example 2)***

See attached handout

## Health Care for Direct Care Workers Application 1 Report

In June 2008 the Department of Public Health and Human Services sent the Health Care for Health Care Worker Application 1 to every enrolled Medicaid personal assistance and private duty nursing provider. The application provided information on the Department's funding initiative to provide health insurance for direct care workers and detailed the requirements to receive the funding. The application was due July 25, 2008.

### Personal Assistance Providers

Twenty eight Medicaid personal assistance service (PAS) providers received applications to participate in the health insurance for health care worker funding. Of the 28 PAS providers, 20 (71%) plan to apply to receive health insurance funding. The 20 PAS providers that plan to participate provide approximately 97% of the total Medicaid personal assistance service in Montana. They include statewide providers, regional providers, and local area agencies on aging and hospitals.

Of the 20 agencies that plan to apply for health insurance funding six (30%) currently offer health insurance to direct care workers. The cost of the worker insurance premium ranges from a \$0.00-\$218.00. The cost of the employer insurance monthly premium ranges from \$56-\$840. Some of the insurance plans meet most of the Department's benchmark standards, however many agencies must offer a separate plan in order to meet the criteria to receive the Department's health insurance funding. Currently, none of the agencies offer a health insurance plan to a majority of their direct care workers that meets the Department's benchmark standards.

Of the eight PAS agencies that opted out of health insurance funding, only one agency, Big Sky Home Care, provides greater than 1% of the share of Medicaid personal assistance services in Montana. The reasons agencies opted out of the funding included: "insurance premiums were too high", "funding was insufficient to cover the cost to the agency", "portion of Medicaid was too small to provide insurance", "consultation with lawyers and tribal council", "employees who qualify are qualified under other plans", "potential impact on the cost of private pay", and "the benchmarks were too restrictive".

### PDN

A total of 20 Medicaid private duty nursing (PDN) providers received applications to participate in the health insurance for health care worker funding. Nine of the 20 PDN providers also provide Medicaid PAS and 11 provide strictly PDN services. Of the nine joint PDN and PAS providers seven (78%) plan to apply to receive health insurance funding. All of the 11 PDN-only providers selected to opt out of the funding. A total of thirteen of the 20 (65%) PDN providers opted out of the health insurance funding. However, the seven joint PDN/PAS agencies that plan to submit a plan to apply for health insurance funding provide approximately 71% of the total PDN services in Montana.

The reasons PDN providers opted out of the health insurance funding included: "school nurses are insured by the school district", "they are providers for other students and as state employees receive health care benefits", "presently employees in that area are part-time and do not insure with us", and "employer has chosen to forego coverage".

Have Health Insurance	SLTC Bureau	If yes - Other coverage		Source of coverage
SB206 CS WORKER INSURANCE "YES COVERAGE" SUMMARY				
A. Do you currently have health insurance for yourself? (check one)	<u>Total Responded</u> 250	<u>Total Responded - YES</u>	193	77.20%
B. If yes, do you have coverage for your family? (check one)				
Total Responded - OTHER COVERAGE - None		93	48.19%	
Total Responded - OTHER COVERAGE - Spouse Only		44	22.80%	
Total Responded - OTHER COVERAGE - Spouse and children		41	21.24%	
Total Responded - OTHER COVERAGE - Children Only		7	3.63%	
Total Responded - OTHER COVERAGE - N/A		8	4.15%	
D. If you do have health insurance, what is the source of your coverage? (check one)				
1. I am insured through my employer.				
2. I am insured through my spouse's employer.				
3. I am insured through my parent's insurance.				
4. I am enrolled in the Medicaid program.				
5. I have Medicare				
6. I have IHS (Indian Health Service)				
7. I have Tri-Care				
8. Other Health Insurance				
Total Responded - SOURCE OF COVERAGE - Employer			114	59.07%
Total Responded - SOURCE OF COVERAGE - Spouses Emplo			36	18.65%
Total Responded - SOURCE OF COVERAGE - Parent			4	2.07%
Total Responded - SOURCE OF COVERAGE - Medicaid			3	1.55%
Total Responded - SOURCE OF COVERAGE - Medicare			14	7.25%
Total Responded - SOURCE OF COVERAGE - Tri-Care			6	3.11%
Total Responded - SOURCE OF COVERAGE - IHS			1	0.52%
Total Responded - SOURCE OF COVERAGE - Other			10	5.18%
Total Responded - SOURCE OF COVERAGE - N/A			5	2.59%

Thursday, January 15, 2009

Have Health Insurance	SLTC Bureau	IF NO - WHY
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### SB206 CS WORKER INSURANCE "NO COVERAGE" SUMMARY

A. Do you currently have health insurance for yourself? (check one)

<u>Total Responded</u>	250	<u>Total Responded - NO</u>	57	22.80%
If no, Why? (check one)				
Total Responded - Employer doesn't offer		19	33.33%	
Total Responded - Employer's Insurance too expensive		11	19.30%	
Total Responded - I don't qualify for employee insurance		14	24.56%	
Total Responded - N/A		13	22.81%	

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**SB206 SURVEY: CS WORKER INSURANCE Q&A COMMENTS SUMMARY**

251

If you are now working part-time as a direct care worker and you had to work an average of 20 or more hours per week in order to be eligible for health insurance through your employer, would you try to work more hours so you could get the health insurance? (please check one)

Yes	65	25.90%
No	22	8.76%
Already Work 20 hours	104	41.43%
No Response	60	23.90%

If you are now working part-time as a direct care worker and you had to work an average of 30 or more hours per week in order to be eligible for health insurance through your employer, would you try to work more hours so you could get the health insurance? (please check one)

Yes	55	21.91%
No	47	18.73%
Already Work 30 hours	84	33.47%
No Response	65	25.90%

How important do you think it is that the employers that provide Medicaid direct care services be able to offer health insurance to their employees such as you and the others that provide these direct care services. (please check one)

Extremely Important	168	66.93%	Not that Important	2	0.80%
Very Important	57	22.71%	Not Important at all	1	0.40%
Somewhat Important	14	5.58%	No Response	9	3.59%

SLTC Bur Participate in coverage at NO COST If NOT- WHY Willing to pay - Self Willing to pay - Self and Spouse Willing to pay - Family coverage Interested in added coverage

SB206 SURVEY: CS WORKER INSURANCE INTEREST SUMMARY

L. If your employer offered health insurance at no cost to you, would you participate in the coverage (check one)?  
 YES 222 88.45% NO 26 10.36% N/A 3 1.20%  
 Total Responded 251 IF NOT WHY - SEE DETAIL REPORT

M. If your employer offered insurance and you were required to pay a portion of the monthly premium, how much would be willing to pay each month?

Amount Willing to Pay	SELF	SELF and SPOUSE	SELF and CHILDREN	FAMILY
\$1.00 - \$10.00 per month	44 17.53%	6 2.39%	0 0.00%	4 1.59%
\$11.00 - \$20.00 per month	28 11.16%	9 3.59%	7 2.79%	7 2.79%
\$21.00 - \$30.00 per month	15 5.98%	5 1.99%	4 1.59%	5 1.98%
\$31.00 - \$40.00 per month	7 2.79%	3 1.20%	1 0.40%	3 1.20%
\$41.00 - \$50.00 per month	16 6.37%	8 3.19%	3 1.20%	6 2.39%
\$51.00 - \$60.00 per month	16 6.37%	5 1.99%	5 1.99%	5 1.99%
\$61.00 - \$70.00 per month	6 2.39%	4 1.59%	1 0.40%	2 0.80%
\$71.00 - \$80.00 per month	3 1.20%	7 2.79%	4 1.59%	4 1.59%
more than \$80.00 per month	4 1.59%	7 2.79%	5 1.99%	9 3.59%
Not Willing To Pay	112 44.62%	197 78.49%	221 88.05%	203 80.88%

N. If your employer offered insurance would you be interested in covering your spouse and children (check one)?  
 NO 100 39.84% YES Spouse only 52 20.72% YES Spouse and children 47 18.73% YES children only 52 12.75%

Thursday, January 15, 2009

Annual family income    Agency    Hours per wk avg    Longevity    Longevity Unit    Job Title

**SB206 SURVEY: CS WORKER EMPLOYMENT    BY JOB TITLE SUMMARY**

Total workers responded :    244

		Job Title			
Worker Type - CNA	1	0.41%	Worker Type - Hab aide	44	18.03%
Worker Type - LPN	7	2.87%	Worker Type - Home/Hospice	31	12.70%
Worker Type - RN	48	19.67%	Worker Type - Homemaker	23	9.43%
Worker Type - Respite	1	0.41%	Worker Type - ST Attendant	3	9.43%
Worker Type - Therapy	14	5.74%	Worker Type - Other	72	29.51%
			Worker Type - No Response	7	2.87%

Thursday, January 15, 2009

# SB206 NF WORKER INSURANCE "YES COVERAGE" SUMMARY

A. Do you currently have health insurance for yourself? (check one)

Total Responded 1,543 Total Responded - YES 1,146 74.27%

B. If yes, do you have coverage for your family? (check one)

Total Responded - OTHER COVERAGE - None 584 50.96%  
 Total Responded - OTHER COVERAGE - Spouse Only 236 20.59%  
 Total Responded - OTHER COVERAGE - Spouse and children 193 16.84%  
 Total Responded - OTHER COVERAGE - Children Only 92 8.03%  
 Total Responded - OTHER COVERAGE - N/A 41 3.58%

D. If you do have health insurance, what is the source of your coverage? (check one)

- I am insured through my employer.
- I am insured through my spouse's employer.
- I am insured through my parent's insurance
- I am enrolled in the Medicaid program.
- I have Medicare
- I have IHS (Indian Health Service)
- I have Tri-Care
- Other Health Insurance

Total Responded - SOURCE OF COVERAGE - Employer 827 72.16%  
 Total Responded - SOURCE OF COVERAGE - Spouses Emplo 142 12.39%  
 Total Responded - SOURCE OF COVERAGE - Parent 19 1.66%  
 Total Responded - SOURCE OF COVERAGE - Medicaid 17 1.48%  
 Total Responded - SOURCE OF COVERAGE - Medicare 22 1.92%  
 Total Responded - SOURCE OF COVERAGE - Tri-Care 11 0.96%  
 Total Responded - SOURCE OF COVERAGE - IHS 14 1.22%  
 Total Responded - SOURCE OF COVERAGE - Other 59 5.15%  
 Total Responded - SOURCE OF COVERAGEE - N/A 35 3.05%

Thursday, January 15, 2009

Have Health Insurance SLIC Bureau IF NO - WHY

## SB206 NF WORKER INSURANCE NO COVERAGE - SUMMARY

A Do you currently have health insurance for yourself? (check one)				
Total Responded		1,543	Total Responded - NO	107
If Yes, Why? (check one)				35.73%
Total Responded - Employer doesn't offer			16	4.03%
Total Responded - Employer's insurance too expensive			179	70.28%
Total Responded - I don't qualify for employee insurance			86	14.11%
Total Responded - N/A			46	11.59%

Thursday, January 15, 2009

# SB206 SURVEY: NF WORKER INSURANCE OA/COMMENTS SUMMARY

Total workers responded 1,558

If you are now working part-time as a direct care worker and you had to work an average of 20 or more hours per week in order to be eligible for through your employer, would you try to work more hours so you could get the health insurance? (please check one)

Yes	233	14.96%
No	50	3.21%
Already Work 20 hours	710	45.57%
No Response	565	36.26%

If you are now working part-time as a direct care worker and you had to work an average of 30 or more hours per week in order to be eligible for through your employer, would you try to work more hours so you could get the health insurance? (please check one)

Yes	212	13.61%
No	131	8.41%
Already Work 30 hours	621	39.86%
No Response	594	38.13%

How important do you think it is that the employers that provide Medicaid direct care services be able to offer health insurance to their employees that provide these direct care services. (please check one)

Extremely Important	1226	78.69%	Not that Important	6	0.39%
Very Important	196	12.58%	Not Important at all	10	0.64%
Somewhat Important	51	3.27%	No Response	69	4.43%

SLTC Bur Participate in coverage at NO COST IF NOT - WHY Willing to pay - Self Willing to pay - Self and Spouse Willing to pay - Self and Children Willing to pay - Family coverage Interested in added coverage

## SB206 SURVEY: NF WORKER INSURANCE INTEREST SUMMARY

1. If your employer offers health insurance at no cost to you, would you get a plan in the coverage (check one)?

Total Responded YES 1,496 NO 40 N/A 40 IF NOT WHY - SEE DETAIL REPORT 92.17% 4.62% 3.11%

M. If your employer offered insurance and you were required to pay a portion of the monthly premium, how much would be willing to pay each month?

Amount Willing to Pay	SELF	SELF and SPOUSE	SELF and CHILDREN	FAMILY
\$1.00 - \$10.00 per month	206 13.22%	35 2.25%	37 2.37%	42 2.70%
\$11.00 - \$20.00 per month	138 8.86%	56 3.59%	31 1.99%	25 1.60%
\$21.00 - \$30.00 per month	103 6.61%	34 2.18%	26 1.67%	35 2.25%
\$31.00 - \$40.00 per month	52 3.34%	20 1.28%	21 1.35%	25 1.60%
\$41.00 - \$50.00 per month	136 8.73%	55 3.53%	44 2.82%	67 4.30%
\$51.00 - \$100.00 per month	109 7.00%	87 5.58%	54 3.47%	102 6.55%
\$101.00 - \$150.00 per month	29 1.86%	25 1.60%	17 1.09%	44 2.82%
\$151.00 - \$200.00 per month	12 0.77%	36 2.31%	7 0.45%	7 0.45%
more than \$200.00 per month	6 0.39%	26 1.67%	7 0.45%	31 1.99%
Not Willing to Pay	767 49.23%	1,184 75.99%	1,313 84.27%	1,144 73.43%

N. If your employer offered insurance would you be interested in covering your spouse and children (check one)?

NO 471 30.21% YES Spouse only 326 20.92% YES Spouse and children 368 23.62% YES children only 199 12.77%

Thursday, January 15, 2009

Annual family income      Facility      Hours per wk avg      Longevity      Longevity Unit      Job Title

# SB206 SURVEY: NF WORKER EMPLOYMENT BY JOB TITLE SUMMARY

Total workers responded		1,538			
Job Title					
Worker Type - CNA	557	36.22%	Worker Type - Social Services	20	1.30%
Worker Type - LPN	144	9.36%	Worker Type - Housekeeping	122	7.93%
Worker Type - RN	226	14.69%	Worker Type - Dietary	155	10.08%
Worker Type - Activities	63	4.10%	Worker Type - Other	215	13.98%
Worker Type - Laundry	36	2.34%	Worker Type - No Response	20	1.30%

Thursday, January 15, 2009

**Senate Bill 206**  
**Study Report**  
**Health Insurance for**  
**Health Care Workers**

**December 2008**

**Prepared by**  
**Montana Department of**  
**Public Health and**  
**Human Services**

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EXHIBIT 3  
DATE 1-26-09  
~~HB 5444~~ HB2

# **SENATE BILL 206**

### III

## **SENATE BILL NO. 206**

SENATE BILL NO. 206  
INTRODUCED BY COBB, WEINBERG

AN ACT REQUIRING THE DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES TO CONDUCT A STUDY TO DETERMINE THE FEASIBILITY, IMPACT, AND COST OF PROVIDING EMPLOYER-SPONSORED HEALTH INSURANCE TO PERSONAL-CARE ATTENDANTS AND DIRECT-CARE EMPLOYEES OF ORGANIZATIONS THAT RECEIVE THE MAJORITY OF THEIR REVENUE AS A RESULT OF PROVIDING MEDICAID-FUNDED LONG-TERM CARE SERVICES BY INCREASING CERTAIN MEDICAID PAYMENTS TO THEIR EMPLOYERS AND REQUIRING THE INCREASED PAYMENTS BE USED TO FUND THE HEALTH INSURANCE; AUTHORIZING THE DEPARTMENT TO ESTABLISH A PILOT PROGRAM; REQUIRING A REPORT TO THE LEGISLATURE; PROVIDING RULEMAKING AUTHORITY; AND PROVIDING AN IMMEDIATE EFFECTIVE DATE AND A TERMINATION DATE.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

**Section 1. Department to conduct study of increasing reimbursement to medicaid direct-care service providers in order to provide employee health insurance -- policy -- pilot program -- report to legislature -- rulemaking.** (1) The department of public health and human services, in conjunction with the commissioner of insurance, health insurers, persons providing medicaid personal assistance and other direct-care services and their employers, and other interested parties, shall conduct and coordinate a study that, at a minimum:

(a) (i) examines the feasibility of increasing medicaid payments to employers of personal-care attendants and other organizations that employ direct-care employees and that receive the majority of

their revenue as a result of providing medicaid-funded long-term care services, with the increase in payments earmarked to pay the cost of providing employer-sponsored health insurance to those employees;

(ii) identifies organizations that employ personal-care attendants and direct-care employees and that receive the majority of their revenue for providing medicaid-funded long-term care services, including organizations such as personal-assistance providers, private-duty nursing providers, licensed nursing facilities, developmental disability community services providers, and providers of certain child and adult mental health services;

(iii) determines the number of employees that would be eligible for coverage;

(iv) calculates the cost to the state of the increased payments after recognizing that nearly 70% of the increase will be covered by the federal government's portion of the payments; and

(v) calculates, to the extent possible, the cost incurred by other government programs, such as temporary assistance to needy families and medicaid, due to the lack of health insurance on the part of personal-care attendants and other direct-care employees and calculates the projected impact, if any, that providing these employees with adequate health insurance would have on future utilization of and costs incurred by other government programs;

(b) determines, in conjunction with the commissioner of insurance, the health insurance coverage that employers would be required to provide to personal-care attendants and direct-care employees in order to be eligible to receive the earmarked increase in medicaid payments;

(c) determines the cost, if any, to individual employees for the proposed health insurance;

(d) calculates the increased need for and projected availability of personal-care attendants and direct-care employees in Montana over the next 20 to 30 years as a result of the aging population and examines whether the provision of health insurance for those workers has the potential to increase the number and quality of workers available in the future;

(e) explores the possibility of combining any health insurance program developed for personal-care attendants and direct-care employees with other state programs designed to provide Montanans with increased access to affordable health insurance, such as the small business health insurance pool; and

(f) calculates, to the extent possible, the health care costs that are shifted to the insurance premiums and other health care expenses paid by privately insured Montanans and their employers

or that are incurred by hospitals as uncompensated care due to the lack of health insurance for personal-care attendants and direct-care employees.

(2) (a) The department of public health and human services may, to the extent that funds are available, establish a pilot program to provide employer-sponsored health insurance to a portion of the personal-care attendants and direct-care employees who are determined by the department to be eligible for the pilot program by increasing medicaid payments to their employers with the requirement that the increased payments be used to provide those employees with health insurance that meets the requirements established by the department.

(b) The purpose of the pilot program is to test the feasibility, impact, and cost of providing health insurance payments to the employers of personal-care attendants and direct-care employees. The pilot program may require partial payment of health insurance costs by an employee if necessary.

(c) In establishing and conducting the pilot program, the department of public health and human services shall consult with the commissioner of insurance, persons providing medicaid personal assistance and direct-care services and their employers, and other interested parties.

(3) If a pilot program is established, the department of public health and human services shall monitor the pilot program, shall report its study findings and pilot program results, if any, to the legislature, and shall report on the feasibility, impact, and cost of providing health insurance to personal-care attendants and direct-care employees who provide medicaid-funded long-term care services, as designated in subsection (1)(a). The report must be made to the legislature as provided in 5-11-210.

(4) The department of public health and human services may adopt rules to implement this section.

**Section 2. Effective date.** [This act] is effective on passage and approval.

**Section 3. Termination.** [This act] terminates January 1, 2009.

- END

# ***DPHHS PROGRAM AND SERVICES SURVEY RESULTS***

- ✦ **Developmental Disabilities Program**
- ✦ **Addictive and Mental Disorder Division**
- ✦ **Senior and Long Term Care Nursing Facility Services**
- ✦ **Senior and Long Term Care Community Base Services**

# ***DEVELOPMENTAL DISABILITIES SERVICES***

## ***SURVEY RESULTS***

## **IV**

### **Developmental Disabilities Program (DDP)**

The Montana State Developmental Disabilities Program supports approximately 57 provider agencies across the State and over 4000 recipients of Developmental Disabilities Services both adults and children.

Service recipients primary support staff are Direct Care Professionals who provide publicly funded long term supports including meal preparation, medication administration, bathing, dressing, transferring, transportation to work and community activities and generally assisting with the overall activities associated with day to day living.

Direct Care Professionals are dedicated to supporting and empowering people with Developmental Disabilities that they may not only advocate for themselves but lead meaningful, productive lives in a community setting where they are respected working members of the community.

The majority of Direct Care Professionals are women and many are the sole support for themselves and their families. They struggle with the dilemma of getting enough hours to support themselves and their children to working overtime and juggling family responsibility in order to provide the supports that individuals with Developmental Disabilities require in order to be successful in a community setting and yet many remain impoverished and eligible for the same Federal and State public assistance programs which the individuals they support receive.

In the Fall of 2007 the State Developmental Disabilities Program undertook a health care survey of providers and Direct Care Professionals in order to determine the number of employees in a provider organization, whether health insurance was or was not offered to employees, and the cost of that coverage. The Direct Care Professionals were asked whether or not they had coverage, the source of that coverage and whether or not they would be willing to pay a share of the coverage cost if it were to be offered, as well as several demographics questions. The survey was completed in December of 2007.

# V

## **Developmental Disabilities Program (DDP)** **Survey Summary**

### **a. DDP DIRECT CARE PROVIDER SURVEY SUMMARY**

- ✚ Twenty-three providers responded to the survey, and reported an average of 71% with Medicaid revenue as the source of their funding.
- ✚ The number of direct care workers employed by these respondents varied from 7 to 135, with an average of 55 total
- ✚ 42 of those worked 30 hours a week or more, while only 13 worked less than 30 hours.
- ✚ The average hourly wage paid by those responding was \$9.83, and 21 of the 23 offered insurance of some type.
- ✚ The average number of employees covered by insurance was 27, with 31.5 hours of work to be eligible.
- ✚ The cost to the employer averaged \$353.03, with some employers paying the entire cost, some sharing the cost with employees and some simply making it available.
- ✚ Of the 476 employees covered, most of them (438) had only coverage for themselves, at an average cost of \$404.77.
- ✚ 26 employees included a spouse in the coverage, at an average cost of \$800.00, and only 12 employees covered their families, at an average cost of \$1,027.45.
- ✚ Most of the provider respondents support developing a Purchasing Pool in order to access lower health care premiums, as well as indicating support for the funding proposal.

## **b. DDP DIRECT CARE WORKER SURVEY SUMMARY**

- ✦ 406 Direct Care Professionals responded to the survey, and 282 of those (69%) reported having health insurance.
- ✦ 201 of those were covered by insurance from their employer, while 35 were covered by their spouse, 9 were accessing Medicaid, and 37 reported another type of coverage.
- ✦ Many who reported no coverage from their employer stated the insurance was too expensive, while some were in the waiting period for coverage.
- ✦ The age of the Direct Care Professional respondents ranged from 19 to 70, with the average and the median both at 40.
- ✦ 78% were female, 22% male, with a total of 397 children under the age of 21.
- ✦ 88 of their children were in Medicaid, 64 enrolled in CHIP, and when asked if they'd ever accessed TANF 12% admitted they had.
- ✦ 360 said they would participate in health care insurance if it cost them nothing.
- ✦ When asked how much they would be willing to pay to share the cost response ranged from "zero" to \$700.00.
- ✦ 44% would not cover additional family, 14% would cover the spouse, and 24% the spouse and children, while 19% would cover their children only.
- ✦ 39% of the Direct Care Professionals reported incomes of over \$30,000, with the rest falling below that mark. Work week hours ranged from 20 to 50 scheduled hours with an average of 38.63, and years in Direct Care ranged from 4 weeks to over 35 years with an average of 7.8 years.